



## REGISTRATION FORM & HEALTH APPRAISAL QUESTIONNAIRE

### TYPE OF MEMBERSHIP (check one)

USLI Community Member      Family      Student

### PAYMENT TYPE

Pay Full Year by Check (\$150)

Payroll Deduction (\$5.76 for single) (\$9.62 for family)

\*Students, please leave payment section blank

### REGISTRATION INFORMATION

Name:		
Address:		
City:	State:	Zip:
Birth date:	Age:	Gender: M / F
Telephone:	E-Mail:	
Department:	Work Phone:	
Emergency Contact:	Emergency Contact #:	

### PERSONAL MEDICAL HISTORY

Family Physician:	Address:	Telephone:
Date of Last Medical Exam:		
Allergies:		
Current Medications(Include prescribed, over-the-counter, aspirin, etc)		
Previous Hospitalizations(Include date, illness/operation type)		



## PAR – Q & YOU

### Physical Activity Readiness Questionnaire

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and circle the YES or NO opposite the question if it applies to you.

- |     |    |  |
|-----|----|--|
| YES | NO | 1. Has your doctor ever said you have heart trouble?   |
| YES | NO | 2. Do you frequently have pains in your heart and chest?   |
| YES | NO | 3. Do you often feel faint or have spells of severe dizziness?   |
| YES | NO | 4. Has a doctor ever said your blood pressure was too high?  |
| YES | NO | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| YES | NO | 6. Is there a good physical reason not mentioned here why you should not follow an Activity program even if you wanted to?   |
| YES | NO | 7. Are you age 65 or over and not accustomed to vigorous exercise?   |

#### **If you answered YES to one or more of these questions:**

If you have not recently done so, consult with your personal physician BEFORE increasing your physical activity and/or taking a fitness test. Tell your physician what questions you answered YES to, or show him your PAR-Q.

After medical evaluation, seek advice from your physician as to your suitability for: Unrestricted physical activity on a gradually increasing basis, OR Restricted or supervised activity to meet your specific needs, at least on an initial basis.

#### **If you answered NO to all of the questions:**

You have reasonable assurance of your present suitability for a “graduated exercise program” or an “exercise test.” Postpone activity if you have a temporary minor illness.



**Informed Consent for Participation in Physical Fitness Programs,  
Personal Training & Massage Therapy**

**General Statement of Program Objectives and Procedures:** I understand that participation in a physical fitness program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscular endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercises may include aerobic activities (treadmill walking / jogging, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics, and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

**Description of Potential Risks:** I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. Safety procedures will be explained during training. In addition, trained staff members will be supervising during all times to help ensure that these risks are minimized. The staff is trained in CPR, and regularly practice emergency procedures. Equipment is inspected and maintained on a regular basis.

**Description of Potential Benefits:** I understand that a program of regular exercise for the heart and lungs, muscles and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood cholesterol and blood pressure, improvement in psychological function, and a decrease in the risk of heart disease, as well as the prevention of many other diseases such as diabetes, certain types of cancer and obesity. I understand that massage therapy & bodywork will provide me with a relaxing experience, which will relieve tension and many physical symptoms associated with stress and physical activity. Such therapy should be followed with adequate intake of fluids, in order to eliminate toxins from the body.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from this program without prejudice at any time I desire. I am also free to decline answering specific items or questions during interview or when filling out questionnaires. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. I release SlaínTE, as well as all of their employees of all liability associated with the conduct of my exercise program or massage therapy, as well as any injuries that I may sustain as a result. I have chosen to participate fully by my own accord and I may refrain from any exercises or bodywork that I do not want to perform.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
(Guardian if under 18 years of age)

Signature of Staff \_\_\_\_\_ Date \_\_\_\_\_

(Note: There is a 24-hour cancellation policy for all scheduled training sessions as well as massage therapy &/or bodywork.)



***Waiver of Liability***

*I have enrolled in a program of strenuous physical activity including but not limited to aerobic activity, weight training, indoor and outdoor training and various aerobic and anaerobic modes of conditioning, as well as massage therapy or bodywork offered at the United States Liability Insurance Group Facility known as Slaínite. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise or bodywork program. If I do develop a physical condition, I agree to participate on my own voluntary accord, and will be allowed to withdraw voluntarily at any time. In consideration of my participation in this program, \_\_\_\_\_ for myself, my heirs and assigns, hereby release Slaínite (its employees and owners), from any claims, demands and causes of action arising from my participation in the program. I fully understand that I may injure myself as a result of my participation in an exercise or bodywork program and I, \_\_\_\_\_, hereby release Slaínite, from any liability now or in the future including, but not limited to heart attacks, myocardial or ischemic incident, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot/shoulder or other orthopedic injuries and any other illness, soreness or injury however caused, occurring during, or after my participation in the program.*

*I hereby affirm that I have read and fully understand the above.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Slaínite Staff Signature*

\_\_\_\_\_  
*Date*