Welcome to Fitness Assessment at Campus Recreation

Thank you for choosing to participate in the Fitness Assessment program at UNC Wilmington Campus Recreation. Our trainers will provide you with baseline measurements that will show your current fitness levels and the comparison to the norms for your age and gender.

Appointment Etiquette
In order to help make your Fitness Assessment experience a positive one, we ask that you observe the following training etiquette:

1. Registration and appointment need to be made 24 hours in advance in the Campus Recreation Business Office at the Student Recreation Center – 140 between the hours of 8:00am – 5:00pm Monday-Friday.
   a. If payment is required it must be received upon registration before the Fitness Assessment is scheduled. Trainers cannot accept payment; please pay for assessment at the Campus Recreation business office (M-F 8:00a-5:00p) and show receipt of payment to your trainer.
2. If you have any unexpected scheduling conflicts, it is your responsibility to notify the Department of Campus Recreation at 910.962.7443 at least 24 hours in advance.

BE PREPARED
In order for your Fitness Assessment to be as accurate as possible, please abide by the following suggestions:

- Get an adequate amount of sleep (6 – 8 hrs) the night before your assessment.
- Wear comfortable, loose fitting clothing, including shorts, socks and athletic shoes.
- Wear compression shorts/lycra/speedo for BOD POD testing. Females will need a sports bra top with no wire.
- Avoid exercise (including cardio and strength training) within 12 hours of the assessments. Exercise will elevate your blood pressure and resting heart rate - invalidating these measures.
- Avoid eating, drinking, or smoking at least 4 hours before the assessments.
- Avoid caffeine or any diuretic, unless prescribed by doctor, 4 hours before the assessments.
- Please inform a member of staff if you are suffering from any acute respiratory infection or related condition.
- Allow an hour for the testing session
- Please use the restroom prior to your appointment.

Client Confidentiality
All information regarding your Fitness Assessment will be kept confidential and will remain in our client files for 3 years following the cessation of your participation in the program. All Personal Trainers have signed a statement of confidentiality at the beginning of employment.

We hope you find your Fitness Assessment well organized and informative. If you have any questions or comments about the Seahawk Fitness Personal Training program, please contact Elizabeth Bowen, Fitness Coordinator, at 910.962.2037 or bowene@uncw.edu.
Registration Information

FULL NAME: ___________________________ UNCW ID: ________________

PHONE: ___________________________ EMAIL: ___________________________

Date of Birth: ________________ GENDER: Male Female

STATUS (circle one): Undergraduate Student Graduate Student

Major/Degree/Department: ___________________________

Classification (undergrad): Fr So J Sr

Campus/Local Address: ___________________________________________

Permanent (if different): ___________________________________________

How did you hear about the program? ___________________________

Fitness Assessment Availability:
Please mark the days you are available complete your assessment. Level 1 Fitness Assessments are scheduled Monday-Thursday 4-7pm and Friday 12-2pm. Specify AM or PM.

☐ Monday _________
☐ Tuesday _________
☐ Wednesday _________
☐ Thursday _________
☐ Friday _________
☐ Saturday _________
☐ Sunday _________

Special Considerations (i.e., do you have any medical or other conditions your trainer should know about, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Please Circle a Fitness Assessment Package:

<table>
<thead>
<tr>
<th>Package Description</th>
<th>Students</th>
<th>Faculty / Staff / Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 - Exercise Consultation</td>
<td>FREE</td>
<td>$10.00</td>
</tr>
<tr>
<td>Level 2 - BOD POD &amp; Consultation</td>
<td>$10.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Level 3 - Full Fitness Assessment</td>
<td>$15.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Campus Recreation Office Use Only:

Appointment Date/Time (if Level 1): ______________________________
Payment Amount and Type (if applicable): __________________________ Receipt No. ________
Date Processed: ________________ Processed by: ____________________

Seahawk Fitness Use Only:

Date Received: ________________ Date Entered: ________________
Trainer Assigned: ________________ Appointment Date/Time: ________________
Processed by: ________________
Physical Activity Readiness Questionnaire (PAR-Q)

Regular fitness activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. Complete the seven questions in the box below to specify if you need medical clearance from your physician before starting exercise.

Please read the questions carefully and answer honestly. Circle YES or NO.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
<td></td>
</tr>
<tr>
<td>Do you feel pain in your chest when you do physical activity?</td>
<td></td>
</tr>
<tr>
<td>In the past month, have you had chest pain when you were not doing physical activity?</td>
<td></td>
</tr>
<tr>
<td>Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
<td></td>
</tr>
<tr>
<td>Do you have a bone or joint problem that could be made worse by a change in your physical activity?</td>
<td></td>
</tr>
<tr>
<td>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
<td></td>
</tr>
<tr>
<td>Do you know of any other reason why you should not do physical activity?</td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to one or more questions:
- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.
- Have your physician fill out a Medical Release Form providing as much information about contradictions, restrictions, and advice for your exercise program.

If you answered NO honestly to all PAR-Q questions:
- Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Sign up for a fitness assessment to learn about your current fitness levels and to assist in goal setting.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, UNCW Campus Recreation, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.
I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Signature

Date

Signature of Parent or Guardian

Witness
Informed Consent:
You will perform a basic Fitness Assessment, which includes a YMCA 3-minute step test, flexibility test, body composition analysis, and muscular fitness tests. During the step test, you will step up and down at a set tempo and height for 3 minutes at a fairly low level of intensity. The test may be stopped at any point if you feel any discomfort. It will be normal to feel heavier breathing and some muscle tightness. However, if you feel any dizziness, lightheadedness, nausea, shortness of breath, chest discomfort, or any other discomforts, the test will immediately be stopped.

There exists the possibility of certain changes occurring during the test such as: abnormal blood pressure responses, fainting, irregular heart rhythms, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

It is the responsibility of you as the participant to report any information regarding your health status, medical history, all medications, and symptoms that occur with exercise to our staff immediately. We hope to gain information about your current fitness capacity. This will help establish a personalized exercise program in all fitness components. Any questions about the procedures used during the exercise test or results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire.

Client Signature: ______________________________________________________

Date: __________________________________________________________________

Print Name: __________________________________________________________________
ASSUMPTION OF RISK
(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)
Recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death.

I acknowledge that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. I further acknowledge that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, and training.

I acknowledge that University of North Carolina Wilmington does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, instructor, vehicle driver, or individual participant in any athletic or recreational activity. I further acknowledge that University of North Carolina Wilmington makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property or premises for any purpose. All participants in voluntary recreational activities and athletic programs are required to sign this Release, Waiver of Liability and Covenant Not to Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. I acknowledge that University of North Carolina Wilmington does not provide insurance coverage for me.

I understand that, upon request, I will be provided with a copy of this document, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate, including the training, preparation for, and travel to and from the site of such activities.

_______________________________________________________________________________________________________
Printed Name Signature

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE
(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)
I hereby agree that for the sole consideration of University of North Carolina Wilmington allowing me to participate in voluntary recreational programs or athletic activities and in connection therewith, making available to the undersigned for my use while participating in such programs or activities, certain equipment, vehicles, facilities, grounds, or personnel of the Institution, I do hereby waive liability, release and forever discharge University of North Carolina Wilmington, its members individually, and its officers, agents, and employees, and the North Carolina State Tort Claims Trust Fund, of and from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities, including without limitation travel.

I further covenant and agree that for the consideration stated above I will not sue University of North Carolina Wilmington, their members individually, its officers, agents, or employees, or the North Carolina State Tort Claims Trust Fund, for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities at or in conjunction with University of North Carolina Wilmington

I understand that the acceptance of this release, waiver of liability, and covenant not to sue University of North Carolina Wilmington, or the North Carolina State Tort Claim Trust Fund, shall not constitute a waiver, in whole or in part, of sovereign, governmental, or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing. I understand that I may have a copy of this document if I request it.

This ___________ day of ______________________, 20__ UNCW I.D #: __________________________

Print Name: _____________________________ Signed in the presence of: ______________________________

Signature: ________________________________ Revised 8.20