

2019
16th Annual
SRC Fitness Challenge

Registration ends January 15th



Directions:

1. Fill out and return completed packet to the front office.
2. Signup in lobby for OPTIONAL fitness assessment January 2-15, 2019 at a time that works best for you or schedule directly with testers Jeanne or Therese.
3. Every time you exercise at the Rec Center put a STAR on the date you came in to track your workouts!
4. Start working out!
5. Contact your tester at 5 and 10 weeks for retesting!
6. If you came in at least 3x per week your name will be entered into a drawing for a 1 month membership!

Winner announced March 30, 2019

OFFICIAL CONTRACT

16th ANNUAL FITNESS CHALLENGE

2019

I, _____ agree to participate in the 16th annual 10 week SRC Fitness Challenge. I promise to stay committed to exercising at least 3 times a week and promise to make healthy food choices as part of this lifestyle change. In addition, I plan to reach my personal goal/goals of:

I understand that I will be provided with an **optional** weight and cardio program to utilize on my own when I exercise. I will also be provided with a total of 3 **optional** fitness assessments that include an initial testing, a 5 week re-test and a 10 week re-test. Weekly information concerning health and wellness will be provided for me in the schedule holders located in the main entrance. I understand that if I utilize the SRC at least 3 times a week during my challenge, I will be eligible to win a 1 month membership. I also understand that in order to reach my fitness goals I must stay committed to a proper diet and exercise routine and that I am solely responsible for my success.

Signature _____ Date _____

Please complete this section ONLY IF YOU WOULD LIKE TO BE SET UP ON A PERSONAL EXERCISE PROGRAM. Your answers are kept confidential.

Name _____ Date of Birth _____

Email Address _____ Phone _____

In Case of Emergency Please Notify:

Name _____ Relationship _____

Address _____ Phone No. _____

General Questions to help us out:

Are you on any specific food/nutritional plan at this time? **Yes** _____ **No** _____

If yes, please list: _____

Do you have any physical injuries or limitations? **Yes** _____ **No** _____

If yes, please list: _____

Are you currently involved in a regular exercise program? **Yes** _____ **No** _____

If yes, how many times per week: _____. What type of activities are part of your program? _____

What activities would you prefer in a regular exercise program for yourself?

Treadmill _____ Rowing _____ Elliptical _____ Weights _____

Spinning _____ Recumbent Bike _____ Upright Bike _____ Stairmaster _____

Free Runner _____ Yoga _____ Pilate's _____ TRX _____ Barre _____

What days of the week are you committed to working out? M T W TH F SA SU

What time? Morning Afternoon Evening

Notes: _____

FILL OUT ALL ATTACHED FORMS ONLY IF YOU ARE RECEIVING A FITNESS ASSESSMENT OR BEING SET UP ON A PERSONAL FITNESS PROGRAM

Physical Activity Readiness Questionnaire

PAR-Q

For most people physical activity should not pose any problem or hazard. The PAR-Q is 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 check the yes or no opposite the question if it applies to you.

YES NO

1. Are you a man 45 or older or a woman 55 or older?
2. Has your father, son, or brother under the age of 55 or your mother, daughter or sister under the age of 65 experienced a heart attack, coronary revascularization (bypass surgery) or sudden death?
3. Do you smoke or have you quit smoking in the last 6 months or are you exposed to environmental tobacco smoke daily?
4. Do you live a sedentary lifestyle? (Do you exercise less than 3x a week for a minimum of 30 min. each session?)
5. Do you have a body mass index equal or greater than 30? (If you do not know leave blank).
6. Do you have high blood pressure or are you taking medicine for high blood pressure? (A blood pressure that is greater than or equal to 140/90)
7. Do you have high cholesterol? (Greater than or equal to 200 total or LDL greater than or equal to 130 and/or HDL less than 40).
8. Do you have diabetes? (Fasting plasma glucose greater than or equal to 100)

If you answered YES to two or more questions...

Please have your personal physician complete the attached Medical Clearance Form. This form is required for you to undergo a fitness assessment or to be set up on an exercise program.

MEDICAL CLEARANCE FORM

Dear Doctor:

Your patient _____ wishes to take part in an exercise program and/or fitness assessment. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. The fitness assessment may include a recovery heart rate test, fitness test and measurements of body composition, flexibility, and muscular strength and endurance.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize (Name of Health Care Provider) _____ to release to Municipality of Skagway Recreation Center health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Member's signature	Date
Trainer's signature	

Physician's Recommendations

	I am not aware of any contraindications toward participation in a fitness program.	
	I believe the applicant can participate, but urge caution because:	
	The applicant should not engage in the following activities:	
	I recommend the applicant not participate in the above fitness program.	
Physician's signature		Date
Physician's name (print)	Phone	Fax
Address	City	State & Zip

TRAINING AND TESTING RELEASE FORM

I, _____, give my consent to participate in the physical fitness evaluation program conducted by STAFF MEMBERS of THE SKAGWAY RECREATION CENTER.

Benefits

Participation in a regular program of physical activity is shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency and increased muscular strength, flexibility, power and endurance.

Risks

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted on the following questionnaire) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Testing and Evaluation Results

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of: weight, body-fat, BMI, and girth measurements. I will also be provided with my target heart rate zone.

I further understand that such screening is intended to provide myself and STAFF with essential information for goal setting and program design. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. By signing this consent form, I understand that I am personally responsible for my actions during my time with STAFF, and that I waive the responsibility of STAFF and The Skagway Health, Fitness, and Family Recreation Center if I should incur any injury as a result of my negligence.

Signed: _____ Date: _____