



CCCC Wellness Program

910-938-6260

Building M: Room 100

Client Profile

Faculty / Staff / Student

Date: _____

Student ID# _____

Age: ____ D.O.B. _____

Sex: M / F

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ E-Mail: _____

Emergency contact: _____

Relationship to Client: _____ Phone Number: _____

Physician: _____ Phone Number: _____

If you are interested in any of the following services please mark with an "X":

Accurate body weight _____

Group Fitness classes _____

Body Fat % _____

Bicep strength test _____

Blood Pressure _____

Curl ups test _____

Aerobic Fitness test _____

Push-ups test _____

Back Flexibility test _____

Exercise Program _____

Orientation on Fitness equipment _____

Nutrition info see www.choosemyplate.gov

Faculty & Staff

Position / Title: _____

Supervisor's Name: _____ Ext: _____

Department: _____

Length of Employment: _____

Student: Part-time / Full-time

Major _____

Length of Enrollment: _____



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General Medical Information

1. List all medications you take on a regular basis: _____

2. Have you had a stroke? Y or N

3. Has your Dr. ever said that you have heart trouble? Y or N

4. Do you take asthma medication? Y or N

5. Are you pregnant? Y or N If yes, how many months? _____

6. Is there any other physical reason that prevents you from participating in an exercise program (i.e., cancer, osteoporosis, severe arthritis, mental illness, thyroid, kidney, or liver disease). Y or N

7. Do you smoke? Y or N If yes, how much per day and your age when you started? _____

Past History

Have you had OR do you presently have any of these conditions? (Check if Yes)

Rheumatic Fever	()	Recent Operations	()	Edema "swelling of ankles"	()
High Blood Pressure	()	Injury to Back or Knees	()	Seizures	()
Low Blood Pressure	()	Heart Attack	()	Fainting	()
Lung Disease	()	High Cholesterol	()	Other ()	_____
Diabetes	()	Chest Pains	()		

Family History

Have any relatives had OR do any relatives currently have any of these conditions? (Check if Yes)

Heart Attack	()	High Blood Pressure	()	Diabetes	()
Heart Operations	()	Other major illness	()	Congenital Heart Disease	()
High Cholesterol	()	Other	()	_____	

Explain Checked Items



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Activity History

1. How were you referred to this program?

2. Why are you enrolling in this program?

3. Do you participate in a regular exercise / weight management program at this time? Y or N

If yes, describe _____

4. Do you take your pulse during exercise at any point? Y or N

5. How high does your pulse rate reach (per minute)? _____

6. Do you have any injuries (bone or muscle disabilities) that may interfere with exercising? Y or N

If yes, describe _____

7. List in order your personal fitness objectives.

1. _____

2. _____

3. _____

8. Are you interested in nutritional information? Y or N

9. Are you presently involved in a weight management program? If yes, briefly explain _____



Healthy Eating information visit choosemyplate.gov.





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Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical 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.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

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.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

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, 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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"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 (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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continued on other side...



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RELEASE/ASSUMPTION OF RISK AGREEMENT

In consideration of gaining access to participate in activities associated with CCCC Wellness Program, I do hereby waive, release and forever discharge Coastal Carolina Community College/CCCC Wellness Program and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in activities in said program.

_____ (Please Initial)

I understand the policies and procedures set forth by the CCCC Wellness Program and I have had the opportunity to discuss my specific needs in relation to participatory activity and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. _____ (Please Initial)

I have received, read and fully understand the rules associated with the CCCC Wellness Program and its facilities. _____ (Please Initial)

I acknowledge that the consent forms are only valid for one year. I also understand that I will be required to re-sign once these have expired. _____ (Please Initial)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with CCCC Wellness Program

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with CCCC Wellness Program.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of CCCC Wellness Program.

Participant's Name (Please print clearly)

Participant's Signature

Date _____

Date _____

Parent / Guardian's Signature (if needed)



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WEIGHT ROOM GENERAL RULES:

- ❖ Patrons must be 16 years of age or older to use the weight and fitness rooms.
- ❖ Anyone under 18 years of age is required to provide a parental signature.
- ❖ Patrons must sign in and out.
- ❖ Appropriate athletic apparel must be worn. Shirt and closed toe shoes required.
NO STREET CLOTHES (*i.e. sandals, open-toe shoes, hard soled shoes, or jeans*). Anything that compromises the safety and professionalism of the weight and fitness rooms are prohibited.
- ❖ No food, alcohol, tobacco of any kind, glass bottles, or cans allowed. If you wish to carry a beverage with you, it must be in a plastic container with a lid/cap.
- ❖ Return all equipment to its original location when you are finished.
 - This includes: *body bars, weights, dumbbells, stability balls, jump ropes, bands/chords, steps/risers, and medicine balls.*
- ❖ Do not drop weights on the floor.
- ❖ Wipe equipment with sanitizer when you are finished.
- ❖ Patrons should use extreme caution in lifting weights to avoid potential injuries to themselves or other. Do not attempt to use equipment if unfamiliar with the proper use. Please ask the Fitness Assistant for assistance.
- ❖ All equipment must be used in the manner for which it was designed. Do not attempt to modify the equipment.
- ❖ No outside personal training is permitted in the facility.
- ❖ Please direct all questions, concerns, and maintenance needs to the Wellness Coordinator and/or Fitness Assistant on duty.
- ❖ Profanity, excessively loud, or suggestive language will not be tolerated.
- ❖ Covering the padded equipment with a towel helps prolong the life of the equipment and keeps everything clean for the next user. All users are encouraged to bring a clean towel to use on the weight equipment and to wipe down the cardiovascular equipment.
- ❖ Personal belongings such as backpacks, wallets, etc., may not be placed anywhere in the weight and fitness rooms. Lockers are available in the bathrooms for your convenience.
- ❖ There is a 30 minute time limit on the aerobic fitness machines when people are waiting. There are no advance sign ups.

The policies of the CCCC weight and fitness rooms have been developed to keep the facility and equipment in good condition and to assure your safety while using the facilities. If you have any questions or need assistance, please go to the CCCC Wellness Center Office (P.E. 100).

Use of the CCCC fitness facilities is a privilege. Failure to comply with policies and directions of the staff governing participation, equipment and/or conduct may result in suspension from the CCCC fitness facilities and/or its programs.

I, _____ have read and understand the weight room general rules.
(Print Your full Name)

Signature: _____ Date: _____



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PATRON COPY