Dear MEMBER,

Welcome! On the behalf of Drexel University’s Recreation Center, we commend you on taking the initiative to be a part of the latest fitness trend that’s making an IMPACT at the Recreation Center. We also appreciate you choosing our team as your partner in paving the road to achieving your health and fitness goals. The team here at Drexel’s Recreation Center is committed to helping you accomplish your health and fitness goals.

Please complete and return the following pages to the Membership Service Desk or office 309A in the Recreation Center prior to your first IMPACT session.

Completing this necessary documentation ensures your participation in IMPACT in the most effective, efficient, and safest possible manner. If medical clearance is deemed necessary after review, page 6 will need to be completed and returned prior to your first IMPACT session. Failure to return the following pages may result in a delayed start in your IMPACT sessions as well.

If you have any questions or comments please contact us at your earliest convenience.

Appreciatively,

Drexel Recreational Athletics;
(215) 571-3830
memberships@drexel.edu
New Client Face Sheet
Shirt Size (S-XXL): ________________ Date: ________________

Personal Information

Full Name: ____________________________
   Last                          First                          M.I.

Address: ________________________________
   Street Address                          Apartment/Unit #

   City                        State                          ZIP Code

Home Phone: ____________________________ Alternate Phone: ____________________________

Email: ________________________________

Membership Status: Member   Non-Member  (Circle one)

Drexel Affiliation
   (employee, student, etc):

Birth Date: ____________________________

How did you hear about IMPACT Small Group Training:

Emergency Contact Information

Full Name: ____________________________
   Last                          First                          M.I.

Address: ________________________________
   Street Address                          Apartment/Unit #

   City                        State                          ZIP Code

Primary Phone: ____________________________ Alternate Phone: ____________________________

Relationship: ____________________________
PHYSICAL ACTIVITY READINESS (PAR-Q) & HEALTH HISTORY QUESTIONNAIRE

This questionnaire determines your readiness to begin physical activity. Please read and review the questions carefully and provide honest answers, checking YES or NO.

Has your physician ever diagnosed you with a heart condition, requiring you to perform physical activity as directed by a physician?

Do you experience chest pain when performing physical activity?

In the past month, have you experienced chest pain while not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs (ie water pills) for your blood pressure or a heart condition?

Do you know of any other reason why you should not do physical activity?

If yes, please explain:

FAMILY MEDICAL HISTORY (Report as accurately as possible)

Please indicate whether your family members currently suffer from or have suffered from a significant problem related to the conditions listed below by checking the corresponding box. Please provide a brief description.

☐ Cancer
☐ Diabetes
☐ High Blood Cholesterol
☐ High Blood Pressure
☐ Heart Disease
☐ Obesity
☐ Other conditions not listed (please specify):

MEDICATIONS AND SUPPLEMENTS (Report as accurately as possible)

Please list current medications, including over-the-counter medications, and nutritional supplements, including vitamins and minerals, their dosages and the condition they are prescribed or intended to treat.

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

**Please note that answers will be reviewed and Medical Clearance may be deemed necessary before beginning IMPACT Small Group Training based on your answers.
HEALTH HISTORY QUESTIONAIRRE & PAR-Q
ACKNOWLEDGEMENT

I understand the purpose of this IMPACT Welcome Packet and I acknowledge that the staff of the Drexel Recreation Center will be relying on the accuracy and completeness of the information I have provided. I am aware that any strenuous physical activity involves risk, and I fully accept those risks. In consideration of the opportunity to participate in activities at the Center, I voluntarily remise, release and forever discharge Drexel University, its successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind whatsoever suffered by me as a result of my participation in any and all activities that I might undertake at the Recreation Center, including, without limitation, my fitness assessment.

By signing below, I am also consenting to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center selected by staff at the Recreation Center or emergency response personnel if necessary for the provision of such care, for treatment of injuries that I may sustain while participating in activities at the Center. I understand and agree that I will be responsible for all expenses incurred relating to any such first-aid, emergency medical care, including, without limitation, any and all expenses that may be associated with my transportation and admission to a hospital or emergency care center. I acknowledge and agree that my consent to medical care and my financial responsibility for such care is not conditioned on communication with the emergency contact identified above, or on confirmation of coverage of my medical insurance for such medical care.

I declare, to the best of my knowledge, that all my answers are true, correct, and complete.

By signing this Health History Questionnaire and Release, I hereby certify that I am 18 years of age or older and that I have read and fully understand the conditions herein provided.

Signature: ________________________________________________________________

Date: _____________

Coordinator of Fitness & Wellness (signed upon receipt):

______________________________________________________________

Date: _____________
ACKNOWLEDGEMENT of DREXEL RECREATION RULES and REGULATIONS

By signing this form, I am in agreement of the rules and regulations created and enforced by Drexel University Recreational Athletics, some of which have been listed below for my review.

1. Outside equipment is prohibited from being used in the facility.
2. Equipment is to only be used for its intended purpose.
3. Please replace all weights and equipment following use. If you are not sure where they belong, refer to a floor attendant for assistance.
4. Please disinfect equipment with spray and paper towels following use.
5. Please share strength training equipment with fellow patrons by allowing them to “work in”.
6. Liquids must be contained in bottles and cups with closeable lids.
7. Trash must be properly disposed of.
8. Use of chalk is prohibited.
9. Feet must be kept off machine and bench upholstery.
10. Appropriate athletic footwear required. Toes must not be exposed.
11. Please return barbells and dumbbells to starting position under control. Slamming or dropping equipment is not permitted.
12. Ground based exercises, such as deadlifts and Olympic lifts from the floor must be performed on the platform. No exceptions!
13. Group workouts (three or more persons) are prohibited.
14. This facility is not conducive to “cross fit style” workouts and exercises such as kipping pull ups, muscle ups, and medicine ball slams and throws, and Olympic lifts and box jumps performed to failure are not permitted.
15. Proper dress required. “Overdressing” is prohibited (ski hats, hoods, excessive layering et cetera).
16. We reserve right to enforce other policies as is deemed appropriate for a safe and friendly environment.

Signature: ________________________________

Date: __________

Coordinator of Fitness & Wellness (signed upon receipt):

________________________________________

Date: __________
MEDICAL CLEARANCE FORM

Dear ______________________,

Your patient, ______________________, would like to begin small group training with a certified personal training at Drexel University’s Campus Recreation Center. After reviewing their responses to our PAR-Q survey, we would appreciate your medical opinion and recommendations/limitations concerning participation in regular exercise. Please provide the following information and return this form at your earliest convenience to:

Drexel Recreation Personal Training
Attn: Coordinator of Fitness & Wellness
(215) 571-3771 (phone) (215)
895-2037 (fax)
fitness@drexel.edu

Alternatively, you may provide your patient a copy of this form to bring in to Membership Services Desk in the Drexel University Campus Recreation Center.

1. Are there specific concerns or conditions our staff should be made aware of prior to your patient beginning a fitness program with a personal trainer? (circle one) YES NO

If yes, please specify:
_____________________________________________________________________________________________________________________________
____________________________________________________________________________________

2. Do you have any recommended limitations for your patient we should be aware of when considering a training regimen? (circle one) YES NO

If yes, please specify:
_____________________________________________________________________________________________________________________________
____________________________________________________________________________________

3. Please provide the following information so that we may contact you if we have any further questions:

_______ I AGREE to have my patient participate in fitness programming at Drexel University Recreation Center.

_______ I DO NOT AGREE to have my patient participate in fitness programming at Drexel University Recreation Center.

Physician’s Signature: _______________________________ Date: __________________

Physician’s Name: _______________________________

Address: __________________________________________________________________________________________

Thank you for your consideration.
Drexel Recreational Athletics
Health, Fitness & Wellness
(215) 571-4555 (phone) (215)
895-2037 (fax)
fitness@drexel.edu