



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.

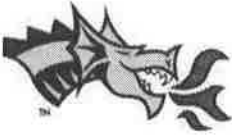
Completing this necessary documentation ensures your participation in IMPACT in the most effective, efficient, and safest possible manner. If medical clearance is deemed necessary after review, page 6 will need to be completed and returned prior to your first IMPACT session. Failure to return the following 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](mailto:memberships@drexel.edu)





# Drexel Recreational Athletics

## 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)

Birth Date: \_\_\_\_\_  
Drexel Affiliation  
(employee, student, etc): \_\_\_\_\_

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**.  
Y N

		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.

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\*\*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 QUESTIONNAIRE & PAR-Q ACKNOWLEDGEMENT

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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

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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

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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](mailto: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](mailto:fitness@drexel.edu)



# Drexel University

## Recreation and Athletic Complex

### Assumption of Risk and Release of Liability Form

Name: \_\_\_\_\_  Male  Female ID # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of User or Parent/Guardian (if User is under 18): \_\_\_\_\_

- Drexel Undergraduate Student (class year \_\_\_\_\_)  Drexel Faculty/Staff  
 Drexel Graduate Student  Other \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**ASSUMPTION OF RISK**

I voluntarily agree to assume all risks involved in using the Drexel University Recreation and Athletic Complex, including, but not limited to use of fitness floor equipment, participation in group exercise classes, swim lessons or any instructional program, and use of swimming pool, squash courts, gymnasium courts and indoor track (collectively, the "Rec Center"). I understand that my use of the Rec Center is not a requirement of any employment and/or educational studies at Drexel University ("Drexel"). I understand that my use of the Rec Center exposes me to risk of injuries including but not limited to temporary or permanent muscle soreness, tendonitis, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of arms and/or legs, eye damage, gastrointestinal issues, disfigurement or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my use of the Rec Center that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the strenuous, vigorous physical activity involved with the Rec Center. It is my responsibility to check with a physician of my choice about my health status if I have any questions regarding my fitness for participation. I understand that if, at any time during my use of the Rec Center, I experience any distress or have any questions regarding my participation, I should consult my physician.

**INSURANCE**

I acknowledge that Drexel does not carry insurance to cover any medical expenses for users of the Rec Center. I acknowledge that as a user of the Rec Center I must provide my own health insurance coverage and am responsible for all medical bills incurred as a result of any injury sustained in using the Rec Center. I understand it is my responsibility to verify that my insurance policy covers all injuries or illness that may occur due to my use of the Rec Center.

**PHOTO RELEASE**

I have been advised that at various times during my use of the Rec Center, the University may be taking digital images, photographs, and/or videotapes of users for educational, promotional and informational purposes for use in University print materials and on the web. I understand that when/if a user's likeness or image is used in a publication, there will be no identifying information provided (i.e., user's name, personal information). By signing this agreement, I give permission for use of any images, photographs or video taken.

**RELEASE OF LIABILITY**

In consideration for Drexel providing me the opportunity to use the Rec Center, I voluntarily remise, release and forever discharge Drexel, its affiliated entities, 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 (a "Loss") whatsoever arising out of or in any way relating to my use of the Rec Center, including, without limitation, a Loss resulting in whole or in part from the negligence of Drexel or its affiliated entities, trustees, officers, agents, faculty, staff or students.

I acknowledge that I have been given a copy of the Rec Center rules and policies and I agree to abide by them at all times during my use of the Rec Center.

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 if necessary for the provision of such care, for treatment of injuries that I may sustain while using the Rec Center.

By signing this 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.

Print Name: \_\_\_\_\_ DATE \_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_  
*(If you are under 18 years of age, the signature of a Parent or Guardian is required)*

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_