



OUTDOOR FITNESS ADVENTURE CLUB REGISTRATION AND HEALTH HISTORY

NAME _____ DATE _____

AGE _____ WEIGHT _____ HEIGHT _____

PHONE _____ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

Are you taking any medications? _____ Please list _____

Does your physician know you are participating in an exercise program? _____

Do you now or have you had in the past:

1. HISTORY of heart problems, chest pain or stroke? _____
2. Increased Blood Pressure? _____
3. Any Chronic illness or condition? _____
4. Difficulty with physical exercise? _____
5. Advice from physician NOT to exercise? _____
6. Recent surgery (last 12 months)? _____
7. Pregnancy (now or within the last three months)? _____
8. History of breathing or lung problems? _____
9. Muscle, joint or back disorder or any previous injury still affecting you? _____
10. Diabetes or thyroid condition? _____
11. Cigarette smoking habit? _____
12. Obesity (more than over 20% ideal weight)? _____
13. Increased blood cholesterol? _____
14. History of heart problems in immediate family? _____
15. Hernia or any condition that may be aggravated by lifting weights? _____

Please explain any "yes" answers:

If you have answered yes to any of the above stated questions, we recommend that you please have your physician or physical therapist complete and sign a medical release form. ACSM guidelines recommends written physician consent if you have answered yes to two or more of the above stated questions for your safety and well being.

INFORMED CONSENT:

General Statement of Program Objective and Procedures:

I understand the physical fitness guidelines provided by the Outdoor Fitness Adventure Club may include nutrition guidelines, cardiovascular / aerobic guidelines and weight resistance guidelines, which may include exercises, to strengthen the cardio pulmonary system, the musculoskeletal system and improve overall body composition. Exercises may include aerobic activity to elevate heart rate using standards outlined in the American College of Sports Medicine guidelines.

Description of Potential Risks:

I understand the reactions of the heart; lungs and blood vessels to such exercises cannot be predicted with certainty. I understand that there are certain abnormal changes during or following exercise, which may include abnormalities in blood pressure or heart rate, ineffective functioning of the heart and in rare cases heart attack. Using weight-bearing equipment (Nordic Walking, Boot-camp, or any other classes added to the current schedule) can result in muscle strain, pain or injury without proper warm-up and if safety procedures are not followed. It has been recommended that a person over age 35, with any one medical condition should obtain a medical clearance. I also understand that anyone with one major risk factor and over the age of 45 should undergo a physician supervised sub-maximal grade exercise treadmill test before engaging in an exercise program.

Description of Potential Benefits:

I understand that a program of regular exercise has many associated benefits for the heart, lungs, muscles and joints. These may include a decrease of overall body fat, improvement in the blood lipids, a decrease in blood pressure, improvement in psychological function and a decrease of heart disease.

Disclaimer:

I have read and understand the above stated information. Any questions that have occurred to me have been answered to my satisfaction. I also understand any information I choose to disclose is confidential and will not be released to any other person without a written consent. I also understand outdoor activities subjects me to natural hazards and unforeseen circumstances, such as poisonous snakes, mountain lions and other wild animals. I am at risk from uneven terrain, falling debris, weather changes, dehydration and other people using the same trails or backcountry. Including Self Defense class, which may incorporate movement that could cause broken bones or fractures and/or torn or over-stretched muscles or ligaments. I take personal responsibility for myself and follow the directions and guidelines outlined through the Outdoor Fitness Adventure Club and their personal. I have read and understand the above stated information in entirety and hold harmless and blameless Elaine R. Gjonovich, Richard A. Gjonovich, The City of San Clemente, the Outdoor Fitness Adventure Club and any instructor associated with the Outdoor Fitness Adventure Club or their families for any injuries, loss, ill health or death while participating in any outdoor or indoor adventure, scheduled class, field trip or any calendar event with the Outdoor Fitness Adventure Club.

Participants Name (PLEASE PRINT)

Date

Participants Signature _____

