

Teen Fitness University Membership Packet

Please fill out the enclosed information and drop the completed packet off at the recreation desk at your earliest convenience. Once we receive the packet and payment, a personal trainer will contact you to set up your first appointment. Once you successfully complete the program, you will be certified to purchase a membership to the Fitness Center before the age of 15.

First Appointment: Personal Trainer, Teen and Parent/Guardian
Approximate Time (1 hour and 15 minutes)

Second Appointment: Personal Trainer and Teen
Approximate Time (1 hour)

Final Appointment: Personal Trainer and Teen
Approximate Time (1 hour)

If you have any questions please do not hesitate to contact the Personal Training Coordinator at 630-960-7250.



Downers Grove Park District Fitness Center
4500 Belmont Road
Downers Grove, Illinois 60515
630-960-7250
www.dgparks.org



Teen Fitness University Request Form

Name: _____ Date: _____

Address: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

When is the best time to reach you and where?

_____ / _____

General Information

1. Is there a specific trainer you would like to work with? _____

2. If you don't have a specific trainer what is your preference? MALE FEMALE EITHER

3. Please state your date and time preference you would like to train: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening



Downers Grove Park District - Teen Fitness University - Health Questionnaire

Name _____

Home Address _____

Telephone (home) _____ (work) _____

Height _____ Weight _____

Gender _____ Birth date _____ Age _____

Health Questionnaire

Please fill out completely all questions below.

If you answered **Yes** to any questions below you will need a **written medical release from your Doctor!**

Do you have or have you ever had any of the following?

Do you take any medications?

HEART

Heart Attack YES NO

For the Heart YES NO

Heart Disease YES NO

For High Blood Pressure YES NO

Stroke YES NO

High Cholesterol YES NO

Abnormal EKG YES NO

OTHER

Diabetes YES NO

IMPORTANT INFORMATION

Responding to the Health Questionnaire is purely voluntary and you do not have to share your responses with the staff of the Downers Grove Park District Fitness Center. However, please recognize that individuals with coronary risk factors or other medically significant risk factors, run a greater chance of cardiovascular incident or increased risk of injury during physical activity. Although you are solely responsible for determining if you are physically fit for any and all fitness activities, it is always advisable, especially if you are pregnant, suffer from an underlying medical condition, take medication, smoke cigarettes, have a family history of coronary disease, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Please recognize the staff of the Fitness Center are not medical practitioners. However, any voluntary communication of the above requested information to our staff may assist the staff in identifying adverse signs and symptoms that might compromise your well-being and which should be evaluated and assessed by qualified medical personnel.

I HAVE READ AND UNDERSTAND THE PRECEDING STATEMENT

Parent / Guardian
Signature _____

Date _____



Fitness Center – Health History Form

Name: _____ Date: _____

Please answer the following and circle all that apply

- 1. Do you use or have you ever used tobacco products? YES or NO
If Yes, type of product and how often:

- 2. Do you have any difficulty with physical activity? YES or NO

- 3. Do you feel pain, or pressure in your chest during exercise? YES SOMETIMES NO

If you answer YES to any questions below please list.

- 4. Do you have any physical conditions, such as a hernia or herniated discs, that may be aggravated by lifting weights? YES NO

- 5. Do you have any previous injuries that still affect you during physical activity? YES NO

- 6. Do you have any history of lung problems, or breathing problems such as asthma? YES NO

- 7. Do you have any history of heart problems, or family history of heart disease? YES NO

- 8. Do you have any bone/joint problems that could become worse by a change in your exercise program? YES NO

- 9. Have you ever had a stroke, or immediate family member had a stroke? YES NO

- 10. List all types of surgery you have had in the past 10 years:

11. List all types of medical conditions you currently have:

12. List all types of medications, or dietary supplements you are currently taking:

13. List any limitations, or medical concerns that may apply during a new exercise program?
