



## Teen Fitness University 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.

Participants who successfully complete the program can SIGN UP FOR A FITNESS MEMBERSHIP with no enrollment fee if they do so within 30-days of complete the program.

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

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

Fee: \$70 (Resident), \$110 (Non-resident)

If you have any questions, please do not hesitate to contact 630-963-1858.

4500 Fitness  
Downers Grove Park District  
4500 Belmont Road Downers Grove, Illinois 60515  
630-960-7250  
[www.dgparks.org](http://www.dgparks.org)

## Teen Fitness University Request Form

Name of Teen: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: (Primary) \_\_\_\_\_ Relationship: \_\_\_\_\_

(Secondary) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

When is the best time to reach you?: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### 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

## 4500 Fitness - Teen Fitness University Teen Profile

Name of Teen: \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Birth Date \_\_\_\_\_

Age \_\_\_\_\_

Play Sports?:    YES    NO            If yes, which sports: \_\_\_\_\_

What is the teens familiarity with the following?:

Cardio Machines:	None	Have Used Before	Regular User
Strength Machines:	None	Have Used Before	Regular User
Strength Racks:	None	Have Used Before	Regular User
Free Weights:	None	Have Used Before	Regular User

Why are you interested in this program?:

---



---



---

### IMPORTANT INFORMATION

Responding to the Health History 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 \_\_\_\_\_

## 4500 Fitness – Health History Questionnaire

1. Do you have any difficulty with physical activity? YES or NO
- 
2. Do you feel pain, or pressure in your chest during exercise? YES SOMETIMES NO
- 
3. Do you have any physical conditions, such as a hernia or herniated discs, that may be aggravated by lifting weights? YES NO
- 
4. Do you have any previous injuries that still affect you during physical activity? YES NO
- 
5. Do you have any respiratory/lung problems, or breathing problems such as asthma? YES NO
- 
6. Do you have any heart/cardiac problems, or family history of heart disease? YES NO
- 
7. Have you broken any bones? YES NO
- 
8. Do you have any joint issues? Knees? Ankles? Elbow? Shoulder? YES NO
- 
9. Have you had any back problems? YES NO
- 
10. List all types of surgery:
- 
-

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?

---