

# 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. You will have 30 days from successfully completing the program to purchase a fitness membership with no enrollment fee.

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.



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: \_\_\_\_\_ 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:

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

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

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