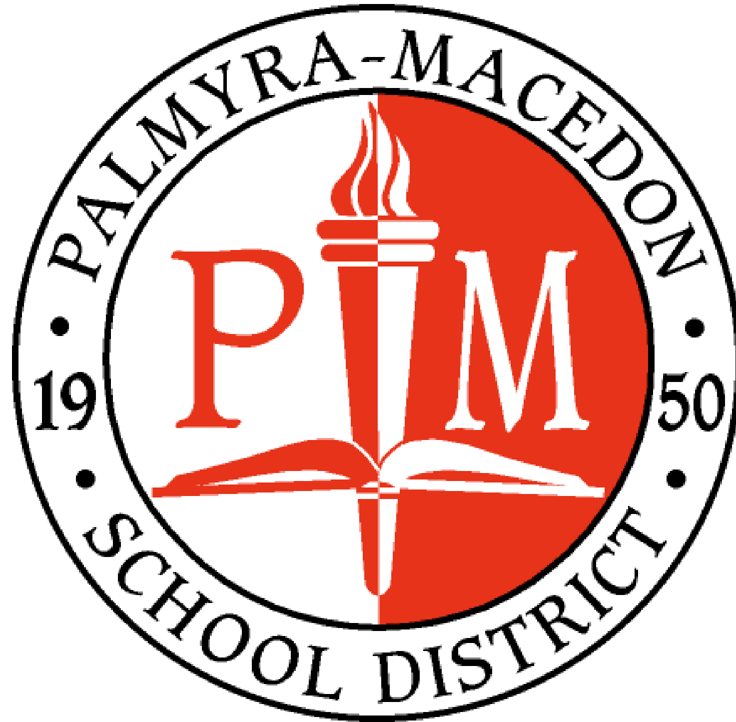

PALMYRA-MACEDON FITNESS CENTER

Dear Palmyra-Macedon Community Member,

Congratulations on your decision to join the Pal-Mac Fitness Center. The decision to take charge of your exercise lifestyle is a vital one and the Fitness Center Staff want to insure an easy and a safe start to your exercise plans.

This questionnaire is designed to help you help yourself as you begin your exercise program at the Pal-Mac Fitness Center.

Many health benefits are associated with regular exercise, and the completion of this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life. This questionnaire is designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the most suitable type of activity.

Please take a few minutes to answer the following questions and return this form to the Front Desk.

Thank you.

Thomas P. Schmandt
Director of Physical Education and Interscholastic Athletics

Palmyra-Macedon Central School District
Informed Consent Agreement for Use of Fitness Center

NAME: ________________________________ DATE OF BIRTH: ________________________

ADDRESS: ____

HOME PHONE #: ________________________ WORK PHONE #: ________________________

EMERGENCY CONTACT: _________________ EMERGENCY PHONE #: ____________________

I hereby request permission to use the Fitness Center at the Palmyra-Macedon High School.

I understand I will be solely responsible for my use of the facility and equipment in a way not injurious to my health and physical condition.

I understand the School District will provide a room supervisor for the Fitness Center. I agree to follow all direction of the room supervisor. I agree to complete an orientation with the room supervisor regarding the use and operation of the equipment before using the equipment. I understand the room supervisor is not responsible for supervising or monitoring the manner and intensity of my individual use of the equipment and possible harmful effect(s) on my individual health and physical condition. I understand it is my responsibility to request instruction for a particular machine or exercise if I am unsure of its operation or purpose. I understand I must notify the room supervisor immediately if I experience any problems with using the facility or equipment.

I am aware that there is a risk of changes or effects to my body during or following physical activity, including but not limited to: abnormal changes in blood pressure, heart rate, fainting, ineffective functioning of the heart, possible heart attack (cardiac arrest) or death. I understand use of weight resistive equipment or engaging in physical activity may also result in musculoskeletal strains, pain or injury.

I have fully completed the health screening form. To my knowledge, I do not have any limiting physical condition or disability which would make any manner or intensity I may make of the equipment dangerous to my health or physical condition.

I agree that use of the facility and equipment shall be undertaken at my own risk. I hereby acknowledge I shall have no claim against the Palmyra-Macedon Central School District or any of its employees, agents or assigns for any harmful effect on my health or physical condition resulting from use of the Fitness Center and that no responsibility is assumed by the District, its employees, agents or assigns for my use of the Fitness Center.

__________________ SIGNATURE REQUIRED ________________________________
Date Registrant (Parent or Guardian if Under 18)

__________________ ________________________________
Date of Orientation Fitness Orientation Supervisor

IT IS RECOMMENDED YOU OBTAIN PHYSICIAN APPROVAL PRIOR TO USING THE FITNESS CENTER. IF EVIDENCE OF PHYSICIAN APPROVAL IS NOT PRESENTED, THE FOLLOWING MUST ALSO BE SIGNED.

I have been advised of the above recommendation for physician approval and have chosen not to consult a physician prior to using the Fitness Center.

__________________ ________________________________
Date Signature

Palmyra-Macedon Central School District
151 Hyde Parkway
Palmyra, New York 14522

HEALTH SCREENING FORM

NAME: ______________________ SEX: M F DATE OF BIRTH: __________

ADDRESS: ____

HOME PHONE # ____________________

PHYSICIAN'S NAME: ________________ PHYSICIAN'S PHONE #: ______________

Person to contact in case of emergency:
Name: ______________________ Relationship: ________ Phone #: __________

Are you taking any medications or drugs? What? ____________________________

____

Does your physician know you are participating in this exercise program? ☐ YES ☐ NO If no, it is suggested you check with your physician before participating in an exercise program.
Describe your exercise program now (other than our program): ____________________

____

Do you now, or have you had in the past:	Yes	No
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 last 3 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 20% over ideal body 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.	☐	☐
16. Is there any medical reason mentioned above which may limit your ability to participate in physical activity.	☐	☐

17. Please explain any yes answers above: ______________________________

____

____________________ ______________________________
Date Signature