

Fitness Center Membership Enrollment Form

Please complete each section legibly

Demographic Information

Name	Date of Birth	Today's Date
Mobile Phone	Email Address	
Mailing Address [Street, City, Zip]		
Occupation	Employer	Work Phone
Emergency Contact	Relationship	Phone
Referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, by whom?

I understand that

- I am encouraged to schedule a Technogym® Equipment Orientation to learn how to operate Strength and Cardiovascular Equipment and understand how to develop my own training plan
- There is no lifeguard on duty in the Aquatic Area
- The floor in the Locker Rooms and Aquatic Area may be slippery and I should use caution and wear Water Shoes in these areas
- There are periods of time in which the Gym is not directly supervised
- I may bring a guest for a maximum of three times per year, first visit is complimentary, additional visits are subject to a \$10 Guest Fee.
- Overexposure to heat in the Therapy Pool or Steam Room is not recommended
- Closed toed/heeled athletic shoes and athletic apparel are required while in the Gym
- The use of Cell Phones is not permitted in the Fitness Center
- Lockers are available for use during workouts
- I must sanitize fitness equipment after each use with materials provided
- Therapeutic memberships are required for specialty classes
- Membership may be revoked at any time for non-compliance of Fitness Center Policies

Liability Release

I wish to participate in fitness activities at Valley Fitness Center at Valley Medical Center. I agree to release and hold harmless King County Public Hospital District #1 [DBA Valley Medical Center]. Its officers, directors, employees and agents, from any and all liability for claims or damages that may arise from my participation in the Fitness Center, including but not limited to, personal injury of any kind.

 Member Signature

 Date

Physical Activity Readiness Questionnaire [PAR-Q]

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for **most** people. This questionnaire will indicate if it is necessary for you to seek advice from your physician or a qualified medical professional before becoming more physically active.

General Health Questions

Please circle Yes or No

- | | | | |
|----|---|-----|----|
| 1. | Has your doctor ever diagnosed you with a heart condition <input type="checkbox"/> or hypertension <input type="checkbox"/> . | Yes | No |
| 2. | Do you feel pain in your chest during rest, activities of daily living or when active? | Yes | No |
| 3. | Within the past year, have you lost consciousness or balance due to dizziness? | Yes | No |
| 4. | Have you been diagnosed with a chronic medical condition, other than hypertension or heart disease? | | |

Please List Conditions Here: _____ Yes No

- | | | | |
|----|---|-----|----|
| 5. | Are you taking prescribed medication for a chronic medical condition? | Yes | No |
|----|---|-----|----|

Please List Conditions & Medications Here: _____

- | | | | |
|----|---|-----|----|
| 6. | Within the past year, have you had any orthopedic conditions that could be made worse with physical activity? | Yes | No |
| 7. | Has your doctor ever indicated that you should perform only medically supervised activity? | Yes | No |
| 8. | Are you currently pregnant? What is your due date? _____ | Yes | No |

If you answered NO to all of the questions on page 2, you are cleared for physical activity

- Start becoming much more physically active- start slowly and build up gradually
- You may take part in a health & fitness appraisal with an Exercise Specialist for a fee of \$74
- If you are over the age of 45 and **not** accustomed to regular vigorous to maximal effort exercise, consult an Exercise Specialist prior to engaging in activity of this intensity.
- If you have further questions, please consult with an Exercise Specialist or Physical Therapist on staff

If you answered YES to any of the questions on page 2, please complete the questions below

Follow Up Questions

Please circle Yes or No

- | | | |
|---|-----|----|
| 1. Do you have Arthritis, Osteoporosis, or a Back Condition that is not controlled with physician prescribed therapies? | Yes | No |
| 2. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? | Yes | No |
| 3. Are you currently undergoing cancer treatment such as chemotherapy or radiation? | Yes | No |
| 4. Do you have a Heart or Cardiovascular condition such as CAD, Heart Failure or A-Fib that is not controlled with physician prescribed therapies? | Yes | No |
| 5. Do you have Chronic Heart Failure? | Yes | No |
| 6. Do you have diagnosed cardiovascular disease and have not participated in regular physical activity in the past 60 days? | Yes | No |
| 7. If you have hypertension, is it not managed with physician-prescribed therapies? | Yes | No |
| 8. Do you have a resting blood pressure equal or greater than 160/90mmHG with or without medication? | Yes | No |
| 9. Do you have a metabolic condition such as Pre-Diabetes, Type I Diabetes or Type II Diabetes that is not controlled nutritionally or with physician-prescribed therapies? | Yes | No |
| 10. Do you have any Mental Health Problems that you are having difficulty controlling with physician-prescribed therapies? | Yes | No |
| 11. Do you have a respiratory disease such as COPD or Asthma that is not controlled by physician-prescribed therapies? | Yes | No |
| 12. Have you had a Stroke that causes impairment in mobility? | Yes | No |
| 13. Do you have any other medical conditions not listed above, such as kidney disease, epilepsy, a head injury or neurological problems? | Yes | No |

Please List Conditions & Medications Here: _____

If you answered NO to all of the follow-up questions on page 3 about your medical condition, you are ready to become more physically active

- It is advised that you consult a qualified health professional to assist you in the development of a safe and effective activity plan to meet your health needs.
- You are encouraged to begin slowly and build up gradually- 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week, including cardiovascular conditioning in strength training exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate physical activity per week.
- If you are over the age of 45 and **not** accustomed to regular moderate to high intensity exercise, consult a qualified exercise professional before engaging in activity of this intensity.

If you answered **YES** to **one or more of the follow up questions** about your medical condition, you should seek guidance from your physician.

Delay becoming more active if:

- You have a temporary illness, such as a cold or fever; it is best to wait until you feel better.
- You are pregnant; speak with your healthcare practitioner, your physician, a qualified exercise professional before becoming more physically active.
- Your health changes

Participant Declaration

I have read, understood and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that Valley Medical Center will retain this form for their records.

Name Date

Signature Witness

How did you find out about Valley Lifestyle Medicine & Fitness Center?

- | | |
|---|--|
| <input type="checkbox"/> Member Referral | Who may we thank? _____ |
| <input type="checkbox"/> Physician Referral | Doctor's Name: _____ |
| <input type="checkbox"/> Walk By | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Yelp | <input type="checkbox"/> Other |