Biggest Winner Registration

Congratulations on taking the first step to healthier and better you! To register, please complete the steps below. Submit your registration as soon as possible to reserve your spot. Biggest Winner can only accept 20 participants per session.

Participant Name: ____________________________________________

**STEP #1: Assessment**

1) Make an appointment with one of the VRWC Fitness Associates for your initial assessment. This service is free and takes about 30 minutes. Appointments are available Monday-Friday, 8am-5pm. **This step must be completed before you are considered registered!**

   Wade Evans- wade.e.evans@vanderbilt.edu

2) Assessment consists of BMI verification, a functionality test, and a height/weight analysis. Please allow 30 minutes for the entire assessment.
   *The assessment data is used to create custom goals and an individualized plan- provided to you at your first session. All information remains private.*

**STEP #2: Forms & Payment:** Due by Oct 2nd. (Late registration is Oct 4th)

1) PAR – Q & YOU: Assessment of any health concerns that may limit your exercise capabilities.

2) HEALTH CARE PROVIDER’S CONSENT FORM: Use ONLY if you answered YES to any of the PAR-Q questions.

3) CONSENT AND ASSUMPTION OF RISK

4) MEDICAL AND HEALTH HISTORY QUESTIONNAIRE

5) NUTRITION PROFILE: Keep a log of your eating habits for 3 days-including one weekend day. Submit by first class.

6) SUBMIT: All forms and payment to the Vanderbilt Recreation and Wellness Center, Monday-Friday, 8:30am-6pm. You will receive a confirmation email after your forms have been processed. Cash, check, major credit cards, and Commodore card accepted. Online payment also accepted and access is granted to this system once assessment and participant packet have been cleared.

Questions/Comments/More Information?

Wade Evans –Fitness Coordinator
Vanderbilt Recreation and Wellness Center
Phone: 615-343-8185 E-mail: wade.e.evans@vanderbilt.edu

**Office use only:**

$85 Participant Registration

Receipt # _____________
(circle payment method) Credit Card Check Cash Commodore Card Online Registration
Regular activity is fun and healthy as well as very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

Start by answering the questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not regularly very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO for each.

### Yes/No

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
</tr>
<tr>
<td>2.</td>
<td>Do you feel pain in your chest when you do physical activity?</td>
</tr>
<tr>
<td>3.</td>
<td>In the past month, have you had chest pain when you were not doing physical activity?</td>
</tr>
<tr>
<td>4.</td>
<td>Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
</tr>
<tr>
<td>5.</td>
<td>Do you have a bone or joint problem that could be made worse by a change in your physical activity?</td>
</tr>
<tr>
<td>6.</td>
<td>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
</tr>
<tr>
<td>7.</td>
<td>Do you know of any reason you should not do physical activity?</td>
</tr>
</tbody>
</table>

### If you answered:

**NO** to all questions:
If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment or a personalized exercise regimen.

**YES** to one or more questions:
Talk to your doctor BEFORE you start becoming more physically active or BEFORE you have a fitness assessment/personal training. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

*If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active.*

*If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

**PLEASE NOTE:** If you answered YES to any of the PAR-Q questions, a HEALTH CARE PROVIDER’S CONSENT FORM must be submitted prior to receiving a fitness assessment or any prescriptive fitness program. If you would like the form faxed to your healthcare provider (local only), please contact Jennifer Ray, Vanderbilt Recreation & Wellness Center, 615-343-0538.

---

Informed Use of the PAR – Q: The Office of Campus Recreation, Vanderbilt University and their agents assume no liability for persons who undertake physical activity under the direction of professional staff or within the Vanderbilt Recreation and Wellness Center. If in doubt after completing this questionnaire, consult your doctor prior to physical activity. **Note:** If the PAR – Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section must be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

---

Name (print) ___________________________    Signature ___________________________    Date ______________
HEALTH CARE PROVIDER’S CONSENT FORM
VANDERBILT OFFICE OF CAMPUS RECREATION
REQUIRED ONLY IF YOU ANSWERED YES TO ONE OF THE PAR-Q QUESTIONS

Client’s request for clearance to participate in a Fitness Assessment and Personal Trainer Exercise Program.

Dear Dr. ____________________:

Your patient, __________________________, has expressed interest in beginning a supervised exercise program at Vanderbilt University Office of Campus Recreation, with a Personal Trainer. This program may include a series of fitness assessments including any or all of the following procedures: a submaximal aerobic capacity test, a body fat estimate, flexibility test(s), and a battery of muscle strength and endurance measures. The nature of both the exercise testing and programming will depend on your patient’s (1) stated health history as indicated from a completed health risk appraisal form, (2) stated fitness goals, and (3) feedback from his/her health care providers. All programming is done in accordance with the guidelines of the American College of Sports Medicine, and all trainers are CPR and Safety-First Aid certified.

By completing this consent form, you are not assuming any responsibility for our administration of the fitness tests and/or exercise programs. If, however, you are aware of any reasons, medical or otherwise, which might impact or be impacted by participation in an exercise program or from exercise testing, or are aware of any specific precautions and/or contradictions and/or guidelines which should be considered by the Personal Trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call Wade Evans, Fitness Coordinator, at (615) 343-6627. Any other questions or concerns should be directed to your patient.

(Place your initials beside the appropriate statement(s) and complete those which apply.)

__________ I know of no reason(s) why the above named patient should not participate in any of the fitness tests or exercise programming.

__________ To the best of my current knowledge, I believe my patient, is able to participate in the exercise testing and programming with the following restrictions and/or recommendations:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

__________ I recommend that my patient does NOT participate in any exercise testing or programming until such time as I have consulted with him/her again.

Health Care Provider’s Signature ___________________________ Date ___________________________

Please Print Name Here __________________________ Phone Number __________________________

Please return form to patient or fax to:
Vanderbilt Recreation and Wellness Center
Attn: Wade Evans
Fax: 615-343-8199
CONSENT AND ASSUMPTION OF RISK
PERSONAL TRAINING
VANDERBILT OFFICE OF CAMPUS RECREATION

I, ____________________________, desire to use the services of a Personal Fitness Trainer at the Vanderbilt Recreation and Wellness Center. I understand that working with a Personal Trainer will involve a physical fitness program which may include aerobic activities (such as treadmill, walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other related activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain and injury.

I also understand that a program of a regular exercise for the heart, lungs, muscles and joints has many associated benefits. These may include a decrease in body fat and risk of heart disease as well as improvement in blood fats, blood pressure, and psychological function. The amount and degree of benefits experienced will be relative to personal adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a Personal Trainer and I voluntarily agree to assume such risks. Further, in consideration of the Vanderbilt Recreation and Wellness Center providing me with a Personal Trainer, I hereby release and hold harmless the Office of Campus Recreation, Vanderbilt University, and all professional staff from any claims or causes of action of any kind.

__________________________________________
Client Signature

__________________________
Date
MEDICAL AND HEALTH HISTORY QUESTIONNAIRE
VANDERBILT OFFICE OF CAMPUS RECREATION

Name ___________________________________________ Birth Date ___________ Campus Box__________

Primary Address __________________________________ City ___________________ State _____ Zip code ________

Phone Number _________________________________ Email address ______________________________________________

In Case of Emergency Contact: ___________________________________________ Phone: ______________________

☐ Please check if you would like to opt out of sharing your name & email with other program participants.

MEDICATIONS
(Include any over the counter medications or other drugs you are taking currently)

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOSAGE</th>
<th>PURPOSE</th>
<th>FOR HOW LONG?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list any current problems/chronic conditions or past orthopedic surgeries:

___NECK
___SHOULDER/CLAVICLE
___ARM/ELBOW
___WRIST/HAND
___RIBS/CHEST
___SPINE
___PELVIS
___THIGH/HIPS
___KNEE/PATELLA
___LOWER LEG
___ANKLE
___FOOT/TOES

If you have checked, any of the above please explain:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

ARE THERE ANY SPORTS OR ACTIVITIES IN WHICH YOU WOULD LIKE TO BE ABLE TO PARTICIPATE OR TO IMPROVE?

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

ARE THERE ANY ACTIVITIES THAT YOU DO NOT LIKE TO PARTICIPATE IN?

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________
NUTRITIONAL PROFILE

Keep track of all food and liquids consumed in 3 days- including one weekend day. Record the approximate size of your meal/drink. Establish a routine of eating regular, healthy meals and snacks every few hours for optimum health & performance!

**DAY 1:**

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Food Item</th>
<th>Approximate Serving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DAY 2:**

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Food Item</th>
<th>Approximate Serving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DAY 3:**

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Food Item</th>
<th>Approximate Serving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DAY 4: EXAMPLE**

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Food Item</th>
<th>Approximate Serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning, 8am</td>
<td>Oatmeal-blueberry cream</td>
<td>2 packets</td>
</tr>
<tr>
<td>Mid-morning, 10am</td>
<td>Hummus &amp; crackers</td>
<td>2tbs &amp; 8 crackers</td>
</tr>
<tr>
<td>Lunch, 1pm</td>
<td>Cheeseburger</td>
<td>McDonald’s double w/cheese</td>
</tr>
<tr>
<td>Afternoon, 3pm</td>
<td>Popcorn, light butter</td>
<td>1 snack size bag</td>
</tr>
<tr>
<td>Dinner, 7pm</td>
<td>Spaghetti w/ meatballs &amp; bread</td>
<td>Half plate of spaghetti, 2 pcs bread</td>
</tr>
<tr>
<td>All Day</td>
<td>Water w/ liquid flavor</td>
<td>6, 8oz glasses</td>
</tr>
<tr>
<td>Morning &amp; Afternoon</td>
<td>Coffee w/ creamer &amp; Splenda</td>
<td>2-Morning, 1-Afternoon</td>
</tr>
<tr>
<td>Dinner</td>
<td>Wine-Merlot</td>
<td>2, 4oz glasses</td>
</tr>
</tbody>
</table>

You can also track your intake using myfitnesspal (myfitnesspal.com) and print your log. It's free and easy to use!