Oregon State University Department of Recreational Sports
Fitness Services and Programs

Dam Fit Registration Form

Name: ___________________________ ID # ___________________________
Address: ___________________________
City ___________________________ State ________ Zip ________
Daytime Phone ___________________________ Cell ___________________________ Email ___________________________
Emergency Contact Name ___________________________ Emergency Contact Phone ___________________________

General Information

Academic classification: _____ Freshman _____ Sophomore _____ Junior _____ Senior
 _____ Graduate _____ Faculty/staff _____ Other

Gender (circle): Male Female

Exercise History and Attitude Questionnaire

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS, ask for assistance at the desk.

1. Do you start exercise programs but then find yourself unable to stick with them?
   □ Yes □ No
   a. If yes, for what reasons? Check all that apply
      □ My day is so busy now, I just don’t think I can make the time to include physical activity in my regular schedule.
      □ None of my family members or friends like to do anything active, so I don’t have a chance to exercise.
      □ I don’t get enough exercise because I have never learned the skills for any sport.
      □ I’m embarrassed about how I will look when I exercise with others.
      □ I know of too many people who have hurt themselves by overdoing it with exercise.
      □ I don’t get enough exercise because I have never learned the skills for any sport.

2. Are you currently involved in a regular exercise program?
   □ Yes □ No
   If yes, how often? ________ minutes/day ________ days/week
   Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light (2) Fairly light (3) Somewhat hard (4) Hard

3. How long have you been exercising regularly?
   ________ months ________ years

4. Rank your goals in undertaking exercise:
   Use the following scale to rate each goal separately:
   Not at all important Somewhat important Extremely important
   1 2 3 4 5 6 7 8 9 10
   a. Improve cardiovascular fitness
   b. Lose weight/body fat
   c. Improve performance for a specific sport
   d. Improve moods and ability to cope with stress
   e. Improve flexibility

   ________
   ________
   ________
   ________
   ________
f. Increase strength
   
g. Increase energy level
   
h. Social interaction
   
i. Other
   
5. What do you hope to achieve from your participation in Dam Fit?

OSU Department of Recreational Sports Fitness Services Par-Q

Please read each item carefully and mark YES or NO to any medical problem experienced in the last year. A Clinician’s consent is needed for any condition marked YES. Please be assured that your answers will be treated with strict confidence.

YES   NO

   ___ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activities recommended by a doctor?

   ___ 2. Do you feel pain in your chest when you engage in physical activity?

   ___ 3. In the past month, have you had chest pain when you were NOT engaging in physical activity?

   ___ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

   ___ 5. Do you have a bone or joint problem that could be made worse by changing your physical activity?

   ___ 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?

   ___ 7. Do you know of any other reason why you should not do physical activity?

IF You Answered:

YES to one or more questions:

* Your physician must complete our medical release form prior to your initial session with an OSU Recreation Personal Trainer.

* You may be able to participate in physical activity. With a medical doctor’s approval, the safest approach is to begin slowly and gradually increase the intensity and duration of your exercises. Or, you may need to restrict your activities to those that are safest. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

No to ALL questions:

If you answered NO honestly to all questions, you can be reasonably sure that you can:

* Start becoming more physically active—begin slowly and build up gradually. This is the safest approach.

* Schedule your initial session with an OSU Recreational Sports Personal Trainer for a fitness assessment or to begin your exercise program *(without a medical doctor’s clearance).*

*OSU Department of Recreational Sports recommends that you consult your physician prior to beginning an exercise program.

I have read, understood and completed the questionnaire. Other than listed above, I have no knowledge of any physical disorder that might affect my enrollment and/or participation in an OSU Department of Recreational Sports fitness program.

Signature _____________________________ Date _______________