

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?

6. Do you currently meet the recommended guidelines for physical activity? (Cardiorespiratory training = 30 minutes 5 days/week of moderate activity or 20 minutes 3 days/week vigorous activity AND strength training = 2 times per week with 8-12 repetitions of 8-10 exercises). Yes: _____ No: _____

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 _____