ChantFit is a 6-week health and fitness program starting January 27 through March 7 that encompasses three different tracks to help you reach your goals. Please follow the 5 registration steps below to get started:

**Step #1 Choose only ONE track that meets your goal for this program:**

_____Track 1: Do it for Health  
Are you looking to live a healthier lifestyle and become more active in your day? Choose the Health Track! Health Track Participants will take part in weekly workouts with a Trainer and we will track your progress throughout the program. This is a great place for first time exercisers or those who want to get started again!

_____Track 2: Do it for losing LBS  
Want to lose weight, but need encouragement and accountability to help you get there? Choose the Weight Loss Track! Weight Loss Track Participants will have weekly workouts with a Trainer, track food & exercise habits to improve health and have accountability to help you stay committed to your goals!

_____Track 3: Do it for Strength  
Looking for a new challenge or ready to take your workout to the next level? Training for a race, sport or competition? Choose the Strength Track! Strength Track Participants will have weekly strength building workouts with a Trainer, track progress & strength gains pre and post program, and learn new ways to build muscle & get strong.

**Step #2: Choose Your Weekly Workout**
Circle a workout time that works in your schedule. This is the time that you will workout with your Trainer each week. Please make sure to choose a workout time. *If the workout times offered do not fit your schedule, please write in another workout time.

**Please select ALL days & times that fit into your schedule.**  
You will be contacted by Jan 20th to secure your workout times for your track. We will make every effort to choose times that work with the majority of our participants for each particular exercise track.

Circle the days & times on that day, that work best for you:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td>7am</td>
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Step #3: Complete Paperwork & Payment

Make sure you have completed the registration form, health history form, liability release and make payment for the program. This can all be done at the HTC Student Recreation & Convocation Center Welcome desk. All forms of payment are accepted.

Coastal Carolina University
DEPARTMENT OF CAMPUS RECREATION
Participation Agreement, Risk Assumption and Liability Release

I, ________________, desire to participate in the activities and programs of the Coastal Carolina University Recreation Center (the “Activities”) and, in consideration of being allowed to participate in the Activities and to use the machinery and equipment of the Coastal Carolina University Recreation Center (the “Facilities”), I do hereby acknowledge and agree as follows:

1. I am fully informed and aware that my participation in the Activities and use of the Facilities involve certain risks, including, but not limited to, property damage and loss, bodily injury, illness and even death. I fully assume any and all such risks.
2. I am in sufficient physical and mental health to participate in the Activities and to use the Facilities. I have medical insurance coverage appropriate for my participation in the Activities and use of the Facilities, and I have provided medical insurance and emergency contact information below my signature on this Agreement. I understand that Coastal Carolina University shall not provide any insurance for me in connection with my participation in the Activities or use of the Facilities.
3. I fully and forever release, waive and discharge, and covenant not to sue, Coastal Carolina University (including, but not limited to, its trustees, faculty, staff, students, agents and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys’ fees), from any cause whatsoever (including but not limited to, property damage or loss, bodily injury, illness or death) directly or indirectly arising in connection with my participation in the Activities or use of the Facilities, whether or not foreseeable or contributed to by the negligent acts or omissions of Coastal Carolina University or others.
4. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, regarding this subject matter. This Agreement (i) may not be amended, by course of conduct or otherwise, and (ii) may not be assigned, in whole or in part, except in writing duly executed by Coastal Carolina University and me. This Agreement shall be interpreted and enforced in accordance with the laws of the State of South Carolina, without regard to any conflicts or choice of law principles, and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held unenforceable by a court, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.
5. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding upon and enforceable against me and my family, estate, heirs and legal representatives, (iii) intend that this Agreement benefit Coastal Carolina University, and (iv) confirm that I am at least 18 years of age, fully competent, and am entering into this Agreement voluntarily and of my own judgment.

I have duly executed and delivered this Agreement as of ________________, 20____

Signature: ________________________________ Medical Insurance Co: ______________________

Print Name: _____________________________ Medical Insurance No.: ______________________

Emergency Contact Name and Phone No.: ____________________________________________
THIS FORM MUST BE COMPLETED BEFORE ENGAGING IN PHYSICAL ACTIVITY

Name: _______________________________  Address: _______________________________

Phone: (hm) ___________________  (cell)______________________

Age: _______  DOB: _______  Occupation: _____________________

Physician’s Name: _______________________________

Physician’s Address: _______________________________

Physician’s Phone: _______________________________

HEALTH/FITNESS HISTORY

Are you presently involved in a regular exercise program? If yes, please list activity, duration, frequency and intensity:

Are you currently taking any medication regularly, including herbals, supplements and over-the-counter drugs? ___ Yes ___no  if yes, please list type and reason:
Type: Reason:
Type: Reason:
Type: Reason:

Are you allergic to any medications? ___Yes ___No Medication:

Do you have or have you ever had any of the following conditions?

**CONDITION DESCRIPTION**

<table>
<thead>
<tr>
<th>Condition</th>
<th>___yes ___no</th>
<th>Condition</th>
<th>___yes ___no</th>
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</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td></td>
<td>Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>Murmurs</td>
<td></td>
<td>Stroke</td>
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</tr>
<tr>
<td>Seizures</td>
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<td>Chest Pain</td>
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<tr>
<td>Hypertension</td>
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<td>Diabetes</td>
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<td>Cancer</td>
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<td>High Cholesterol</td>
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<td>Hernia</td>
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<td>Arthritis</td>
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<td>Joint swelling</td>
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<td>Emphysema</td>
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<td>Osteoporosis</td>
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<td>Rapid heartbeat</td>
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<td>Thyroid</td>
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<td>Anemia</td>
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<td>Asthma</td>
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<td>Eating Disorder</td>
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<td>Musculoskeletal</td>
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<td>Emotional disorder</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Other ___yes ___no (please explain: ________________________________)


Have you experienced any of the following? (Recently= within the last month)
Recent illness ___yes ___no
Recent hospitalization ___yes ___no
New medical diagnoses ___yes ___no
Recent surgical procedure ___yes ___no
If yes, explain:

**Have you ever been injured in any of the following areas?**

**BODY PART DESCRIPTION WHEN**
Neck ___yes ___no  Shoulders ___yes ___no  Arms ___yes ___no
Abdomen ___yes ___no  Back ___yes ___no  Legs ___yes ___no

What type of physical demands does your job impose on you?

Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? ___yes ___no if yes, please explain

Do you now or have you ever smoked? ___yes ___no if yes previously smoked, how long did you smoke, how often and when did you quit?
If you currently smoke, how much?

Do you use recreational drugs? ___yes ___no If yes, how much (per day, week etc)
Do you use alcohol? ___yes ___no If yes, how much (per day, week etc)
Do you drink caffeinated beverages? (Coffee, colas etc) ___yes ___no If yes, how many per day

Are you now or have you ever been on a diet? ___yes ___no if yes, explain

Number of meals you usually eat per day: __________

Do you consider yourself: (please circle)
Sedentary  Lightly Active  Moderately Active  Highly Active

How would you describe your nutrition habits: (please circle)
Good  Fair  Poor

Would you characterize your life as: (please circle)
Highly Stressful  Moderately Stressful  Low in Stress

Please describe your knowledge of exercise and fitness: (please circle)
Very Knowledgeable  Knowledgeable  No Knowledge