Program Registration Form 2020

Registration Begins Jan 13 until filled

Name: ___________________________________  CCU ID # _____________________
Contact E-mail: ____________________@coastal.edu  Contact Phone # _______________
_____CCU Student _____CCU Faculty _____CCU Staff  T-shirt Size: ___________

ChantFit is a 6-week health and fitness program starting January 25 through March 6 that uses personal accountability & seeks to help you reach your goals. Please follow the 6 registration steps below to get started:

Step #1 Choose a statement that meets your general goal for this program:

_____ Do it for Health
Are you looking to live a healthier lifestyle and become more active in your day? This is a great place for first time exercisers or those who want to get started again!

_____ Do it for losing LBS
Want to lose weight, but need encouragement and accountability to help you get there?

_____ Do it for Strength
Looking for a new challenge or ready to take your workout to the next level?

Step #2: What type of exerciser are you?  Choose only 1

_____ Beginner: Uncertain about what to do while in the gym, unfamiliar with equipment

_____ Intermediate: Somewhat familiar with cardio/Strength equipment, usually do the same thing every time you come to the gym.

_____ Advanced: Frequent the gym, know how to use most equipment, able to design effective workouts on your own.

Step #3: Select a Trainer based on the times that work with your schedule.
(See Trainer sign-up sheet)  Trainer’s schedules are set. Times are first come first serve. Space limited in each time slot.

Step #4: Will you be attending our kick-off event? Saturday Jan 25 at 11am @ HTC Student Recreation Center  Yes _____ or  No ______
(The kick-off event is an opportunity for you to pick up your water bottle and t-shirt as well as meet the trainers and ask questions. We will be doing a group workout together. Event will last approximately until 12:30pm.

Step #5: You will be contacted by your trainer to set up a time for a fitness assessment. Assessments will take place Jan 20-24.

Step #6: Complete Paperwork & Payment
Make sure you have fully 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 UNIVERSITY 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**

Heart Attack ____yes ____ no Shortness of breath ____yes ____ no
Murmurs ____yes ____ no Stroke ____yes ____ no
Seizures ____yes ____ no Chest Pain ____yes ____ no
Hypertension ____yes ____ no Diabetes ____yes ____ no
Cancer ____yes ____ no High Cholesterol ____yes ____ no
Hernia ____yes ____ no Arthritis ____yes ____ no
Joint swelling ____yes ____ no Emphysema ____yes ____ no
Osteoporosis ____yes ____ no Rapid heartbeat ____yes ____ no
Thyroid ____yes ____ no Anemia ____yes ____ no
Asthma ____yes ____ no Eating Disorder ____yes ____ no
Musculoskeletal ____yes ____ no Emotional disorder ____yes ____ no
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?**

<table>
<thead>
<tr>
<th>BODY PART DESCRIPTION</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td>___yes ___no</td>
</tr>
<tr>
<td>Shoulders</td>
<td>___yes ___no</td>
</tr>
<tr>
<td>Arms</td>
<td>___yes ___no</td>
</tr>
<tr>
<td>Abdomen</td>
<td>___yes ___no</td>
</tr>
<tr>
<td>Back</td>
<td>___yes ___no</td>
</tr>
<tr>
<td>Legs</td>
<td>___yes ___no</td>
</tr>
</tbody>
</table>

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