Small Group Training Application

Thank you for your interest in joining a small group training program at Boston College Campus Recreation. We are committed to helping Boston College students, faculty, staff and affiliates reach their fitness goals through a variety of services and programs. For a description of these services, please see our website. [www.bc.edu/rec](http://www.bc.edu/rec)

All members interested in signing up for a small group training program must read and complete the Small Group Training Application, which includes the application, policies, and health history questionnaire. Please fill out the forms with as much detail as possible. These forms will only be required for new small group participants. Completion of these forms is only required once every 12 months unless the participant’s medical history changes.

The forms must be hand delivered in a sealed envelope with a signature across the seal to Member Services. In an effort to protect your privacy and medical information, we will not accept e-mailed, mailed or faxed forms. Upon review of the forms you turn in it may be required for you to provide a medical clearance. You will be notified by the Graduate Assistant of Personal Training if the medical clearance is necessary. If a medical clearance is required, then participation is prohibited until the medical clearance is received and reviewed by the professional fitness staff. An email will be sent once participation is allowed.

Only members of the Flynn Recreation Complex are eligible to register for a small group training program. Please be aware, classes require a certain number of participants in order to run. All cancellations due to low enrollment will be communicated to registered participants and efforts will be made to assign participants to a new class.

If you have any additional questions, please contact us. Congratulations and good luck as you work toward your personal health and fitness goals!

Yours in Health,

The Fitness Staff

E-mail: fitness.center@bc.edu
Small Group Training Application

Name: __________________________________________________ Date: ________________________________

Status (student/faculty/staff/affiliate): ___________________________________________________________

Email Address: ___________________________________________ Phone Number: _______________________

Emergency Contact Name: _________________________________________________________________

Emergency Contact Relationship: ___________________________ Phone Number: _______________________

Please check the small group training program you are registering for:

☐ Fit Club: Weight Loss Program (specific requirements to register, see website)

☐ Fit Over 40

☐ Synergy Circuit Training

☐ TRX and Kettlebells Fusion

☐ TRX Bootcamp Fusion (drop-in, single reservation class, not a series)

☐ Ultimate Strength and Conditioning

☐ Other:

See a complete list of classes and schedules online at bc.edu/rec. Not all classes offered are listed above. Schedule is subject to change without notice.

1. How often do you currently exercise?

2. What fitness goals would you like to work on achieving?
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**Payment**
Payment is due upon registration and before any classes may be attended.

**Scheduling**
The small group training program schedules are set and cannot be changed. If you are unable to attend the class you signed up for, that does not mean you can take a similar class at a different time or on a different day. You can only participate in the class you registered.

**Tardiness or No-Show Courtesy**
Please let your trainer know in advance if you will be unable to make a session, if you will be late, or if you need to leave early. This helps them prepare the best session possible. All sessions begin on time, with or without all participants in attendance. Late participants are asked to complete a warm-up prior to joining the class.

**Drop-In Cancellation Policy**
To cancel a drop-in appointment for a single class reservation, you must contact Member Services 24 hours in advance.

**Refunds**
Generally refunds are not issued for small group training programs once sessions have started, because space is limited. For more information, contact Member Services campusrec@bc.edu or 617-552-0797.

I verify that I understand and will abide by these policies.

Client Signature_______________________________________ Date____________________
Name (Please Print) ______________________________________________

Date of Birth ____/____/______ Height __________ Weight ____________ Gender M F

Section 1
If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff. The Graduate Assistant of Personal Training will notify you if we require a medical waiver from your health care provider prior to participation.

Check if you have a history of the following:

____ Heart attack
____ Heart surgery
____ Cardiac catheterization
____ Coronary angioplasty (PTCA)
____ Pacemaker / implantable cardiac defibrillator / rhythm disturbance
____ Heart valve disease
____ Heart failure
____ Heart transplantation
____ Congenital heart disease

Check if you experience the following symptoms:

____ You experience chest discomfort with exertion
____ You experience unreasonable breathlessness
____ You experience dizziness, fainting or blackouts
____ You take heart medications

Check if you have any of the following health issues?

____ You have diabetes
____ You have asthma or other lung disease
____ You have burning or cramping sensation in your lower legs when walking short distances
____ You have musculoskeletal problems that limit your physical activity
____ You have concerns about the safety of exercise
____ You are pregnant
Section 2

If you marked two or more of the statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a professionally qualified exercise staff. The Graduate Assistant of Personal Training will notify you if we require a medical waiver from your health care provider prior to participation.

Cardiovascular Risk Factors

- You are a male older than 45 years
- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal
- You smoke, or quit smoking within the previous 6 months
- Your blood pressure is greater than 140 / 90 mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol is greater than 200 mg/dL or HDL < 35 mg/dL
- You do not know your blood cholesterol level
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (you get less than 30 minutes of physical activity on at least 3 days/week)
- You are greater than 20 pounds overweight

List all medications you take on a regular basis:

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Please sign below if in agreement: I have read and understood the questions asked. I verify that all the information noted above is accurate to the best of my knowledge.

Client Signature ___________________________ Date ___________________________