



## THE SF GAMES – FALL EXTENSION 2020

October 5 – October 25

Create your permanent customized camp schedule using the day options provided below. **Once your camp schedule is chosen, your schedule remains consistent throughout the duration of the camp.**

Please submit your completed camp form to Facebook.com/SarahFechterFitness inbox or in person at our store front during open hours of operation.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Outdoor Camp Options -select which days you will be attending

Sunday  
☐ 6:15pm

Monday  
☐ 5:45am

Tuesday  
☐ 6:15pm

Wednesday  
☐ 5:45am

Thursday  
☐ 6:15pm

Friday  
☐ 5:45am

### Outdoor Strength & Conditioning Class -select which days you will be attending

Monday  
☐ 6:15pm

Wednesday  
☐ 6:15pm

- ☐ 2 days/week- \$90
- ☐ 3 days/week- \$110
- ☐ 4 days/week- \$145
- ☐ 5 days/week- \$180
- ☐ 6 days/week- \$216

**\*Registration forms required for participation.**

**Once your camp schedule is chosen, your schedule remains consistent throughout the duration of the camp.**

### *This section for STAFF only –*

Payment: CC: \_\_\_\_\_ CK#: \_\_\_\_\_ Cash: \_\_\_\_\_

### **Due at time of Registration:**

- ✓ Staff \_\_\_\_ [Initial certifies that staff has completed payment AND provided camper with all info]

## HEALTH & FITNESS CLIENT REGISTRATION

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ How did you hear about camp: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Are you a Fitness Instructor: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHYSICIAN INFORMATION

Primary Care Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### CONSENT FOR SERVICES

I hereby authorize Sarah Fechter Fitness to provide me with professional fitness services. I give my consent for Sarah Fechter Fitness to obtain and examine personal medical information, if warranted. I understand that any medical information received will only be used under HIPPA privacy regulations.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

## Sarah Fechter Fitness, LLC

### ACSM Assumption of Risk, Contract Agreement, and Registration

Congratulations on your decision to participate in our program! With the help of your coach and our qualified staff, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits.

As with any exercise program, there are risks, including but not limited to, increased heart stress and the chance of musculoskeletal injuries. In choosing to participate in this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

A physician's examination is required to all participants if appointed by staff. By signing below, you accept full responsibility for your own health and well-being and you acknowledge and understand that no responsibility is assumed by Sarah Fechter, Sarah Fechter Fitness, LLC, or any or all Sarah Fechter Fitness employees or representatives.

Please place an X next to any of the ACSM's coronary artery disease risk factors that pertain to you. I understand that Sarah Fechter Fitness requires a medical clearance for anyone with more than one of the following risk factors.

- \_\_\_\_\_ **Family History:** Myocardial infarction (heart attack), coronary revascularization, or sudden death before 55 years of age in father or other male first degree relative (brother, son), or before 65 years of age in mother or other female first degree relative (sister, daughter)
- \_\_\_\_\_ **Cigarette Smoking:** Current cigarette smokers or those who quit within previous 6 months.
- \_\_\_\_\_ **Hypertension:** Systolic blood pressure  $\geq 140$  mmHg or diastolic  $\geq 90$  mmHg, confirmed by measurements on at least 2 separate occasions, or on anti-hypertensive medication.
- \_\_\_\_\_ **Hypercholesterolemia:** Total serum cholesterol  $> 200$  mg/dl or high-density lipoprotein cholesterol of  $< 35$  mg/dl, or on lipid-lowering medication.
- \_\_\_\_\_ **Impaired Fasting Glucose (diabetes mellitus):** Fasting blood glucose of  $\geq 110$  mg/dl confirmed by measurements on at least 2 separate occasions.
- \_\_\_\_\_ **Obesity:** Body Mass Index of  $\geq 30$  kg/m<sup>2</sup> or waist girth of  $> 100$  cm
- \_\_\_\_\_ **Sedentary Lifestyle:** Persons not participating in a regular exercise program or meeting the minimal physical activity recommendations from the U.S. Surgeon General's report (accumulating 30 minutes or more of moderate physical activity on most days of the week)
- \_\_\_\_\_ **I have none of the above listed Risk Factors**

If you checked more than one of the risk factors above your physician must fill out and sign the Physician's Approval form located in the new client packet prior to beginning your training sessions.

By signing below I verify that I have read all of the above statements and the information I have provided is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

Weight (lbs): \_\_\_\_\_

## AHA/ACSM Health/Fitness Facility Participation Screening Questionnaire

Assess your health needs by marking all true statements.

### History

You have had:

- ☐ A heart attack
- ☐ Heart Surgery
- ☐ Cardiac catheterization
- ☐ Coronary angioplasty (PTCA)
- ☐ Pacemaker, implantable defibrillator, or heart rhythm disturbance
- ☐ Heart valve disease
- ☐ Heart failure
- ☐ Heart transplantation
- ☐ Congenital heart disease

### Symptoms

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

If you marked any of the statements in this section, consult with your health care provider before engaging in an exercise program. You may need to use a facility with a **medically qualified staff member** to guide your exercise program

### Other Health Issues

- ☐ You have musculoskeletal problems
- ☐ You have concerns about the safety of exercise
- ☐ You take prescription medications
- ☐ You are pregnant
- ☐ You have asthma (Inhaler should be with you at all times)

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### Cardiovascular Risk Factors

- ☐ You are a man  $\geq 45$  years old
- ☐ You are a woman  $\geq 55$  years old, you have had a Hysterectomy or you are postmenopausal
- ☐ You Smoke
- ☐ Your BP is  $\geq 140/90$
- ☐ Your blood cholesterol is  $\geq 200$  mg/dl
- ☐ You don't know your cholesterol level
- ☐ You have a close relative who had a heart attack before age 55 (male) or 65 (female)
- ☐ You are diabetic, or take medication to control blood sugar
- ☐ You are physically inactive

If you marked two or more of the statements in this section, consult with your health care provider before engaging in an exercise program. You may need to use a facility with a **professionally qualified staff member** to guide your exercise program

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- ☐ None of the above are true

You should be able to exercise safely without consulting your health care provider in almost any exercise facility that meets your needs.

### III. REVIEW OF SYMPTOMS

In the past, have you been diagnosed as having any of the following symptoms or conditions?  
Check the (S) box for yourself, (P) box if a parent has had the condition or (R) box if another relative has had condition.

Condition/Symptom	S	P	R	Condition/Symptom	S	P	R
Heart Disease				Unusual Weight Loss/Gain			
Heart Surgery				Hormone Disorder			
Cardiac Catheterization				Unusual Fatigue			
Pacemaker				Stroke			
Defibrillator				Blood Clots			
Heart Valve Disease				Arthritis			
Chest Pain During Exercise				Bone or Joint Problems			
Shortness Of Breath				Lung Disease			
Dizziness				Asthma			
Fainting				Emphysema			
Burning During Exercise				Bronchitis			
High Blood Pressure				Anemia			
High Cholesterol				Cancer			
Diabetes				Osteoporosis			
Sleep Apnea				Abnormal Pregnancy			
Swollen Ankles				Psychological Disorder			
Heart Palpitations				Eating Disorder			
Heart Murmur				Neurological Disorder			

Describe any boxes that are checked:

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List any other problems not mentioned above:

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### IV. Exercise History

Describe your regular participation in the following areas:

- A. Aerobic Exercise \_\_\_\_\_
- B. Strength Exercise \_\_\_\_\_
- C. Flexibility Exercise \_\_\_\_\_

D. Other Activities \_\_\_\_\_

**V. Goals**

Please list and describe what benefits you are anticipating with this program. Discuss the specific health or fitness improvements you hope to make.

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Declaration:

I have read and fully understand the questionnaire and confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any physical exercise or any such activity suggested to me by Sarah Fechter. I agree to notify Sarah Fechter of any future changes to the above answers before continuing exercise. I acknowledge that any suggestions from any such employee or representative regarding exercise, nutrition, and/or healthcare are neither diagnostic nor prescriptive.

Waiver Release:

I hereby release Sarah Fechter, Sarah Fechter Fitness LLC, Heritage High School, Saginaw Township Parks and Recreation, Saginaw County Parks and Recreation, and their assistants, interns, members, officers, directors, employees, representatives, and assigns from and against any and all liabilities, claims, action, cause of actions, and/or damages from or relating in any way to any injury or other damage I may sustain while testing, preparing for, or otherwise participating in or following, any stretching, aerobic, strength training, physical exercises or other activities or recommendations while participating in this exercise program.

I understand that I may be required to perform a physical assessment and/or complete several questionnaires with a personal trainer, fitness specialist, or other assigned professionals prior to participating in the program. I acknowledge that all of the information provided by me has been true and complete. In addition, I acknowledge that all of the prior testing and/or questioning were undertaken solely for informational purposes. Testing, questioning and/or the results, nor the personal fitness program prepared for me, declare or otherwise affirm my fitness ability, or lack of fitness ability, for participation in the program.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

## Assumption of Risk, Covenant Not to Sue and Release Form

I, \_\_\_\_\_ recognize that participating in Sarah Fechter Fitness SF Games/Camp, TRX®, Spinning®, Spin®, Club SF, Step Aerobics, Ass-thetics, Metabolic Conditioning, Circuits, Yoga, Mobility, Boxing, Barbells, Strength fitness classes, all other group exercise classes, Youth Programs, Personal Training and Small Group Training sessions, and or any other instructions or activities at Sarah Fechter Fitness Studio present certain risks and dangers. These risks include personal injury, the loss or damage of personal property, and loss of life.

Use of sauna is at your own risk: If you become uncomfortable, dizzy, sleepy or overheated exit immediately. Supervise children at all times. Check with a doctor before using if pregnant, in poor health, or under medical care. Breathing heater air in conjunction with consumption of alcohol, drugs, or medications is capable of causing unconsciousness.

Therefore, it is agreed as follows:

That in consideration of being allowed to participate in various Sarah Fechter Fitness activities and receive educational and other benefits the undersigned hereby voluntarily assumes all risk of accident and/or damage to his/her person or property and all risks of any kind sustained, whether caused by negligence of Sarah Fechter Fitness studio, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter releases). The releases shall assume no responsibility or liability for me for accident, illness, or loss or damage of personal property, and I acknowledge ad do hereby assume all risks inherent in the use of Sarah Fechter Fitness studio's facilities and in connection with these activities, and for myself, heirs, executors, administrator and assigns do hereby expressly agree not to sue and release and discharge the releases from all claims, demands, liability actions or judgments of any king whether caused by the negligence of said releases or otherwise, which I now have, or may have in the future against any of the said releases arising out of my fitness participation.

I know of no reason why I should not participate in any physical exercise or any such activity suggested to me by Sarah Fechter Fitness or its employees. I agree to notify Sarah Fechter Fitness of any future changes to my health before continuing exercise. I acknowledge that any suggestions from any such employee and/or representative regarding exercise, nutrition, or healthcare are neither diagnostic nor prescriptive.

I also agree to abide by all policies and procedures of Sarah Fechter Fitness Studio and will follow instructions and requests of the releases.

I understand by voluntarily signing this release hereby certifies that I have read and fully understood the conditions herein provided.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicant is a minor:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(STAFF) [Signature certifies that staff has completed payment AND provided camper with all information]**









