



## Body Composition & Fitness Assessment Registration

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 UIN #: \_\_\_\_\_ Gender: Female Male  
 Date of Birth: \_\_\_\_\_ (age) \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Are You a Repeat Client? Yes / No

Check one item below

- \_\_\_\_ Body Composition Assessment: \$10.00  
 \_\_\_\_ Integrated Fitness Assessment purchased separately: \$30.00  
 \_\_\_\_ Integrated Fitness Assessment purchased with a 3 or 5 session Personal Training Package: \$20.00

\*If you are adding the assessment to a 3 or 5 session Personal Training Package, please indicate the trainer's name here: \_\_\_\_\_

Payment: Cash Check Credit Card Aggiebucks

Please indicate below your preferred days and times in which you would like your body composition or fitness assessment to take place

Mondays: \_\_\_\_\_ Tuesdays: \_\_\_\_\_ Wednesdays: \_\_\_\_\_ Thursdays: \_\_\_\_\_  
 Fridays: \_\_\_\_\_ Saturdays: \_\_\_\_\_ Sundays: \_\_\_\_\_

☛ All Body Composition and Personal Fitness Profile appointments will be held in the Rec Center.

☛ Only those purchasing a full Fitness Assessment need to continue and fill out the Fitness assessment informed consent form.

### Fitness Assessment Informed Consent Form

(You only need to complete this portion if you are registering for the full Integrated Fitness Assessment)

The assessment will include the following measurements and tests: (1) Resting heart rate, (2) blood pressure, (3) body composition and girth measurements, (4) maximal or estimated 1-repetition maximum bench press and leg press, (5) maximum push-ups and curl-ups, (6) cardiovascular fitness, (7) sit and reach, and (8) a functional mobility/stability screening. These tests are performed to evaluate the following areas of physical fitness: (a) body composition, (b) muscular strength/muscular endurance, (c) cardio respiratory endurance, and (d) flexibility.

The most physically demanding tests are the cardio respiratory and muscular strength/muscular endurance tests. The cardio respiratory test consists of either walking/jogging a mile or stepping up and down from a 12-inch high bench for 3 minutes. The purpose is to examine your heart rate response to sub maximal exercise and recovery periods. The muscular strength tests are a 1-10 repetition maximum on a bench press and leg press machine and the muscular endurance tests are the maximum number of curl-ups and push-ups performed to exhaustion.

Muscular fatigue may be experienced during or after these tests. Complications have been few during exercise tests, especially those of a sub maximal nature. If the person exercising is not tolerating the test well, it is stopped. Also, risk of injury getting on or off exercise equipment is possible but rare. A physician's examination is recommended for (1) all participants with *any* exercise restrictions and (2) *all* men  $\geq$  45 years old and *all* women  $\geq$  55 years old. Fitness assessment participants in either or both of these categories who DO NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signing on side two of this form, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the Texas A&M University Department of Recreational Sports, and the leaders of the program.

Please place an **X** next to any of the ACSM coronary artery disease risk factors that pertain to you. I understand that the Department of Recreational Sports requires 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 (i.e., brother, son), or before 65 years of age in mother or other female first-degree relative (i.e., sister, daughter)

\_\_\_\_\_ **Cigarette Smoking:** Current cigarette smokers or those who quit within the previous six months

\_\_\_\_\_ **Hypertension:** Systolic blood pressure greater of  $\geq$ 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 greater than 200mg/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 prior to the assessment taking place.

In signing this consent form, you acknowledge that you have read and understood the description of these tests and their complications. In addition, you state that any questions you have about the fitness evaluation have been answered to your satisfaction. Every effort will be made to ensure your health and safety. You enter into the tests willingly and may withdraw at any time.

\_\_\_\_\_  
Participant's name (please print clearly)

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date