



SMALL GROUP TRAINING REGISTRATION FORM

Name:

Today's Date:

Phone Number:

Email:

Best Time to Reach You:

Please fill out both sides of form completely

What day/time do you prefer to work out? (Please indicate 1st, 2nd & 3rd choice)

**M-F AM Early Morning
M-F AM Morning
M-F AM Late Morning
M-F PM Early Afternoon
M-F PM Late Afternoon
M-F PM Early Evening
M-F PM Evening
SA Early Morning
SA Morning
SA Late Morning
SA Early Afternoon
SA Late Afternoon
SA Evening
SU Early Morning
SU Morning
SU Late Morning
SU Early Afternoon
SU Late Afternoon
SU Evening**

Will you be comfortable in a group setting, working with exercisers of different ability levels?

Groups must have a minimum of 4 people to run, and a maximum 6 people. Payment must be made prior to start of session(s). \$20 per person, per 60 minute session. If you have additional questions, please contact Lynne Applebaum at (908)233-2700 x239 or email lapplebaum@westfieldynj.org.

WESTFIELD AREA Y HEALTH SCREEN FORM

Medical Risk Factors

(check all that apply)

- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal
 - You are a man older than 45 years old
 - You smoke
 - Your blood pressure is greater than 140/90
 - Your blood cholesterol is greater than 240mg/dl
 - You have had a close blood relative who had a heart attack before 55 years(father or brother) or 65 years(mother or sister)
 - You are a diabetic or take medication to control your blood sugar
 - You are physically inactive(ie; you get less than 30 minutes of physical activity at least 3 days a week)
- **If you have two or more risk factors, then you are considered an "increased risk for cardiovascular disease."**

Have you ever experienced any of the following?

- Heart Attack
- Heart Surgery
- Cardiac Catheterization
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart Valve Disease
- Heart Failure
- Heart Transplantation
- Congenital Heart Disease

Symptoms

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness(asthma/exercise induced asthma)
- You experience dizziness, fainting, blackout
- You take heart medication

Other Health Issues

- You have musculoskeletal(bone, muscle, joint) problems
- You have concerns about the safety of exercise
- You are pregnant
- You have unusual bleeding tendencies

If you checked any of the above statements, it is recommended to consult your health care provider before beginning an exercise program. Tell your provider what was answered "Yes." You may need to use a facility with a medically qualified staff. If your health changes so that you answer "Yes" to any of the above, consult your health care provider before changing your physical activity status.

I acknowledge that I have been provided a copy of the Westfield Area Y's Health Screen Form that I have read it and understand it. I also acknowledge that the Westfield Area Y is not a health care provider and is not responsible for how I respond to my answers on this form.

Date: _____

Signature: _____