



Chan Soon-Shiong
Medical Center
at Windber

Richland Sports Performance

Richland Sports Performance Application & Agreement

Applicant Name _____
(Last) (First)

Home Address _____ City/State/Zip _____

Date of Birth _____ Age _____ Sex M F

Employer _____ Occupation _____

Home Phone _____ Work Phone _____

E-mail _____

How did you learn about Richland Sports Performance? _____

Emergency Contact _____ Emergency Contact Phone _____

NOTICE TO THE APPLICANT

By signing this Application and Agreement you agree that (1) to the best of your knowledge, everything you state on this application is accurate; (2) Richland Sports Performance may retain this application form whether or not it is approved; (3) Richland Sports Performance is authorized to check your references and your credit and employment history, to verify any information you have provided in this application, and to answer any inquiries about the facilities credit experience with you.

Signature confirms that you understand and agree to the above and the enclosed Terms and Conditions of Membership and the Rules, Regulations and Policies.

Applicant's Signature _____ Date _____

PAYMENT OPTIONS

Cash

Check (Payable to CSSMCW) Check # _____

Discover MasterCard Visa

Card # _____

CVV _____ Exp. Date _____

Signature _____

Date _____

Week Packages - \$30 per session	
Number of sessions per week	2 or 3
Subtotal	
Sport Specific & Tactical Training Programs (Min. 5 Members) - \$20 per session	
Number of sessions	
Subtotal	
Lunch Break Class - \$10 per session	
Number of sessions	
Subtotal	
<hr/>	
TOTAL COST	

THANK YOU!

**WE LOOK FORWARD TO ASSISTING YOU
IN ATTAINING YOUR GOALS!**

Richland Sports Performance New Member Health Questionnaire

Name _____ Date of Birth _____ Age ____ Sex M F
Home Address _____ City/State/Zip _____
Phone _____ Health Insurance _____
Physician _____ Date of Last Physical _____

RISK FACTORS

_____ Smoking _____ Sedentary/Inactive _____ Stroke
_____ High Cholesterol _____ Diabetes _____ Family History of Heart Disease
_____ High Blood Pressure _____ Obesity

How would you rate your present level of fitness? Poor Fair Average Good Excellent

Do you take any medications prescribed by your physician? Yes No

If yes, please specify _____

Are you currently being treated for any heart problems? Yes No

If yes, please explain _____

Do you have a history of heart problems? Yes No

_____ Heart Attack _____ Pacemaker _____ Angioplasty
_____ Bypass Surgery _____ Valve Replacement _____ Stent Placement

Have you ever had a stress test? Yes No If yes, when? _____

Have you ever had a cardiac catheterization? Yes No If yes, when? _____

Are you currently involved in a physical or occupational therapy program? Yes No

If yes, please explain _____

Have you had any surgeries in the past six months? Yes No

If yes, please explain _____

PHYSICAL ACTIVITY READINESS

Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No 2. Do you feel pain in your chest when you do physical activity?

Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?

Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes No 7. Do you know of any other reason why you should not do physical activity?

If yes, please explain _____

I have read, understood, and completed this questionnaire. Any questions I had were answered to my satisfaction.

Signature _____ Date _____

Signature of Parent/Guardian _____ Witness _____
(for participants under the age of 18)

Richland Sports Performance Informed Consent for Exercise Participation

- I desire to engage voluntarily in the Richland Sports Performance exercise program.
- I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. However, the cardiorespiratory system response to exercise can not be predicted with complete accuracy. There is a risk of certain changes that might occur during the following exercise. These changes might include abnormalities of blood pressure or heart rate.
- I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength, and endurance. Specific exercise programs are available based on my needs, interests, and, if necessary, my doctor's recommendation. All exercise programs include warm-ups, exercising at target heart rate, followed by a cool down period. The programs may involve walking, jogging, or cycling; participation in exercise fitness, rhythmic aerobic exercises, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.
- I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I shall cease my participation and inform the instructor/staff member of the symptoms.
- I agree to assume the risk of such exercise and further agree to hold exempt Richland Sports Performance and its staff members conducting the exercise program from any and all claims, such losses, or related causes of action for damage, including, but not limited to, such claims that may result in injury or death, accidental or otherwise, during or arising in any way from the exercise program.
- I affirm that I have read this form in its entirety and that I understand the nature of an exercise program. I also agree that my questions regarding an exercise program have been answered to my satisfaction.
- In the event that a medical clearance must be obtained prior to my participation in an exercise program, I agree to consult my physician and obtain written permission from my physician or sign an assumption of risk form prior to the commencement of exercise.

Member's Signature _____

Date _____

Member's Name Printed _____