



Biggest Winner Registration

Congratulations on taking the first step to healthier and better you! To register, please complete the steps below. Submit your registration as soon as possible to reserve your spot. Biggest Winner can only accept 15 participants per session.

A. Check your BMI

You must have a BMI of **25** or more to enter the program. Check your projected BMI on the [CHART](#).

B. Assessment

1) Make an appointment with one of the VRWC Fitness Associates for your initial assessment. This service is free.

Tony Lewis – anthony.b.lewis@vanderbilt.edu /Glenda Lindsay – Glenda.l.swiney@vanderbilt.edu /Wade Evans- wade.e.evans@vanderbilt.edu

2) Assessments consist of BMI verification, a functionality test, and a height/weight analysis. Please allow thirty minutes for the entire assessment. Your Personal Trainer & Fitness Associate will create suggested goals for you; provided at your first session.

C. Forms & Payment: Due by September 15th

1) **PAR – Q & YOU:** Assessment of any health concerns that may limit your exercise capabilities.

2) **HEALTH CARE PROVIDER'S CONSENT FORM:** Use **ONLY** if you answered YES to any of the PAR-Q questions.

3) **CONSENT AND ASSUMPTION OF RISK**

4) **MEDICAL AND HEALTH HISTORY QUESTIONNAIRE**

5) **NUTRITION PROFILE:** Keep a log of your eating habits for 3 days-including one weekend day. Submit by first class.

6) **SUBMIT:** All forms and \$50 payment to the VRWC Welcome Center. You will receive a confirmation email after your forms have been processed. Cash, check, major credit cards, and Commadore card.

7) **TOOL KIT:** Pick up your Biggest Winner tool kit from the VRWC Welcome Center, **September 9th-21st**.

D. Training, Nutrition, and Mind/Body: September 22nd-October 27th

- **Mondays, 5:30-7pm:** Personal Training and Mind-Body workshop.
- **Thursdays, 5:30-6pm:** Nutrition Workshop.

- 1) Mondays, you will train for one hour with Alyson Dickson, CPT and then meet in the Demonstration Kitchen for the Mind-Body workshop with Wellness & Fitness Activities Coordinator, Jennifer Ray.
- 2) Thursdays, you will meet with Marilyn Holmes, MS, RD, LDN and learn nutrition strategies to support your success.
- 3) Throughout the week, complete your prescribed workout and nutrition/wellness exercises and attend optional activities if possible. At the end of the program, participants will receive an additional fitness assessment to measure their progress.

Questions/Comments/More Information?

Jennifer Ray – Activities Coordinator, Wellness & Fitness
Vanderbilt Recreation and Wellness Center
Phone: 343-0538 E-mail: jennifer.e.ray@vanderbilt.edu

Office Use Only: _____
Fall 2014 Cash Check Credit Comm. Card

Participant Name: _____

PAR – Q & YOU

Regular activity is fun and healthy as well as very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

Start by answering the questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not regularly very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check **YES** or **NO** for each.

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/> <input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> <input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/> <input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/> <input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/> <input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/> <input type="checkbox"/>	7. Do you know of any reason you should <u>not</u> do physical activity?

If you answered:

NO to all questions:
 If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ❖ Start becoming much more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.
- ❖ Take part in a fitness assessment or a personalized exercise regimen.

YES to one or more questions:
 Talk to your doctor **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness assessment/personal training. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

*If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or if you are or may be pregnant – talk to your doctor before you start becoming more active.
 * If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

PLEASE NOTE: If you answered YES to any of the PAR-Q questions, a **HEALTH CARE PROVIDER'S CONSENT FORM** must be submitted prior to receiving a fitness assessment or any prescriptive fitness program. If you would like the form faxed to your healthcare provider (local only), please contact Jennifer Ray, Vanderbilt Recreation & Wellness Center, 615-343-0538.

Informed Use of the PAR – Q: The Office of Campus Recreation, Vanderbilt University and their agents assume no liability for persons who undertake physical activity under the direction of professional staff or within the Vanderbilt Recreation and Wellness Center. If in doubt after completing this questionnaire, consult your doctor prior to physical activity. Note: If the PAR – Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section must be used for legal or administrative purposes.

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

Name (print) _____ Signature _____ Date _____

HEALTH CARE PROVIDER'S CONSENT FORM VANDERBILT OFFICE OF CAMPUS RECREATION

REQUIRED ONLY IF YOU ANSWERED YES TO ONE OF THE PAR-Q QUESTIONS

Client's request for clearance to participate in a Fitness Assessment and Personal Trainer Exercise Program.

Dear Dr. _____:

Your patient, _____, has expressed interest in beginning a supervised exercise program at Vanderbilt University Office of Campus Recreation, with a Personal Trainer. This program may include a series of fitness assessments including any or all of the following procedures: a submaximal aerobic capacity test, a body fat estimate, flexibility test(s), and a battery of muscle strength and endurance measures. The nature of both the exercise testing and programming will depend on your patient's (1) stated health history as indicated from a completed health risk appraisal form, (2) stated fitness goals, and (3) feedback from his/her health care providers. All programming is done in accordance with the guidelines of the American College of Sports Medicine, and all trainers are CPR and Safety-First Aid certified.

By completing this consent form, you are not assuming any responsibility for our administration of the fitness tests and/or exercise programs. If, however, you are aware of any reasons, medical or otherwise, which might impact or be impacted by participation in an exercise program or from exercise testing, or are aware of any specific precautions and/or contradictions and/or guidelines which should be considered by the Personal Trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call Jennifer Ray, Activities Coordinator of Wellness & Fitness, at (615) 343-0538. Any other questions or concerns should be directed to your patient.

(Place your initials beside the appropriate statement(s) and complete those which apply.)

_____ I know of **no reason(s)** why the above named patient should not participate in any of the fitness tests or exercise programming.

_____ To the best of my current knowledge, I believe my patient, is able to participate in the exercise testing and programming with the following restrictions and/or recommendations:

_____ I recommend that my patient does **NOT** participate in any exercise testing or programming until such time as I have consulted with him/her again.

Health Care Provider's Signature _____ Date _____

Please Print Name Here _____ Phone Number _____

Please return form to patient or fax to:

Vanderbilt Personal Training

Attn: Jennifer Ray

Fax: 615-343-8199

**CONSENT AND ASSUMPTION OF RISK
PERSONAL TRAINING
VANDERBILT OFFICE OF CAMPUS RECREATION**

I, _____, desire to use the services of a Personal Fitness Trainer at the Vanderbilt Recreation and Wellness Center. I understand that working with a Personal Trainer will involve a physical fitness program which may include aerobic activities (such as treadmill, walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other related activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain and injury.

I also understand that a program of a regular exercise for the heart, lungs, muscles and joints has many associated benefits. These may include a decrease in body fat and risk of heart disease as well as improvement in blood fats, blood pressure, and psychological function. The amount and degree of benefits experienced will be relative to personal adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a Personal Trainer and I voluntarily agree to assume such risks. Further, in consideration of the Vanderbilt Recreation and Wellness Center providing me with a Personal Trainer, I hereby release and hold harmless the Office of Campus Recreation, Vanderbilt University, and all professional staff from any claims or causes of action of any kind.

Client Signature

Date

**MEDICAL AND HEALTH HISTORY QUESTIONNAIRE
VANDERBILT OFFICE OF CAMPUS RECREATION**

Name _____ Birth Date _____ Campus Box _____

Primary Address _____ City _____ State _____ Zip code _____

Phone Number _____ Email address _____

In Case of Emergency Contact: _____ Phone: _____

Please check if you would like to opt **out** of sharing your name & email only with other program participants.

MEDICATIONS

(Include any over the counter medications or other drugs you are taking currently)

NAME	DOSAGE	PURPOSE	FOR HOW LONG?

Please list any current problems/chronic conditions or past orthopedic surgeries:

- ___ NECK
- ___ SHOULDER/CLAVICLE
- ___ ARM/ELBOW
- ___ WRIST/HAND
- ___ RIBS/CHEST
- ___ SPINE
- ___ PELVIS
- ___ THIGH/HIPS
- ___ KNEE/PATELLA
- ___ LOWER LEG
- ___ ANKLE
- ___ FOOT/TOES

If you have checked, any of the above please explain:

ARE THERE ANY SPORTS OR ACTIVITIES IN WHICH YOU WOULD LIKE TO BE ABLE TO PARTICIPATE OR TO IMPROVE? _____

ARE THERE ANY ACTIVITIES THAT YOU DO NOT LIKE TO PARTICIPATE IN? _____

NUTRITIONAL PROFILE

Keep track of all food and liquids consumed in 3 days- including one weekend day. Record the approximate size of your meal/drink. Establish a routine of eating regular, healthy meals and snacks every few hours for optimum health & performance!

DAY 1:

Time of Day	Food Item	Approximate Serving

DAY 2:

Time of Day	Food Item	Approximate Serving

DAY 3:

Time of Day	Food Item	Approximate Serving

DAY 4: EXAMPLE

Time of Day	Food Item	Approximate Serving
Morning, 8am	Oatmeal-blueberry cream	2 packets
Mid-morning, 10am	Hummus & crackers	2tbs & 8 crackers
Lunch, 1pm	Cheeseburger	McDonald's double w/cheese
Afternoon, 3pm	Popcorn, light butter	1 snack size bag
Dinner, 7pm	Spaghetti w/ meatballs & bread	Half plate of spaghetti, 2 pcs bread
All Day	Water w/ liquid flavor	6, 8oz glasses
Morning & Afternoon	Coffee w/ creamer & Splenda	2-Morning, 1-Afternoon
Dinner	Wine-Merlot	2, 4oz glasses

You can also track your intake using **myfitnesspal** (myfitnesspal.com) and print your log. It's free and easy to use!



Fitness Assessment

Congratulations on taking the first step in becoming a healthier and happier you! Your Fitness Associate will fill out the stats portion of this sheet. Return this sheet along with your packet and payment to the Welcome Center by September 8th. Your Biggest Winner Team will review your stats and recommend primary goals, provided to you at the first meeting.

Name _____ Age _____ Gender _____ Height _____

A

Weight _____

Body Fat Percentage _____

Cardiovascular Health

Resting HR _____

1.0 mile walk (indoor track) with HR check

Lap	Time
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10(partial)	_____

_____ Overall Time

_____ Recovery HR

Upper Body Strength

Pushups in 1 minute _____

Core Strength

Partial Curl-up in 1 minute _____

Flexibility

Sit and Reach _____

B

Weight _____

Body Fat Percentage _____

Cardiovascular Health

Resting HR _____

1.0 mile walk (indoor track) with HR check

Lap	Time
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10(partial)	_____

_____ Overall Time

_____ Recovery HR

Upper Body Strength

Pushups in 1 minute _____

Core Strength

Partial Curl-up in 1 minute _____

Flexibility

Sit and Reach _____

GOALS

Weight _____

Body Fat % _____

1 Mile Time _____

Pushups _____

Partial Curl-up _____

Sit and Reach _____