

Willie Fletcher Memorial Wellness Center

Registration and Assessment Application

Name: _____ DOB: _____ Tribe: _____

Gender: Male / Female

Age: _____ (*if minor 17 or under, Parent/Legal Guardian signature required)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Occupation _____ Work Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

What is your exercise experience?

Beginner Intermediate Advanced

Which of the following do you prefer: (check all that apply)

Toning Weights Aerobics

I have been treated for: (check all that apply)

Heart Disease Chest Pains Back Problems Seizures
 Diabetes High Blood Pressure Arthritis

If other, please explain: _____

If check YES to any above; Have you been released to exercise by Physician? Yes No

I have enrolled in a program of strenuous activity including, but not limited to one or all of the following weight training, aerobics, stationary, bicycling, treadmill and the various aerobics, stationary bicycling, treadmill and the various aerobic conditioning machinery offered by the Cheyenne and Arapaho Tribes Diabetes Wellness Program I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent, or limit, my participation in this exercise program. In consideration for my participation in this exercise program, I agree for myself, my heirs, and assigns, hereby release the Cheyenne and Arapaho Tribes Diabetes Wellness Center, its employees and owner(s) from any claims, demands and causes of action rising from my participation in the exercise programs or events. I fully understand that I may injure myself as a result of my participation in the exercise program and I release the Cheyenne and Arapaho Tribes Diabetes Wellness Program from any liability or in the future including, but not limited to heath attacks, muscle strains, pulls or tears, broken bones, shin splints, occurring during or after my participation in the exercise. I have received and read the policies and rules and I understand that I am to comply with the fitness staff instructions/requests and failure to do so may result in disciplinary actions.

_____ (Initial) I give permission to use any photographs, motion picture and recordings from the Cheyenne and Arapaho Tribes Diabetes Wellness Program for legitimate purposes, including publication in local newspapers, newsletters, and program reports.

Print Name: _____

Signature: _____ Date: _____

if client is Minor:

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Physical Fitness Assessment

It is the policy that individuals interest in utilizing the Willie Fletcher Wellness Center be given an assessment (In Body) prior to using any equipment in the fitness area. It is recommended that all individuals need to be assessed before beginning a fitness program and **re-assessed every 6 months**. In order to keep Diabetes Wellness Program client's information current; **clients will need to update application yearly.**

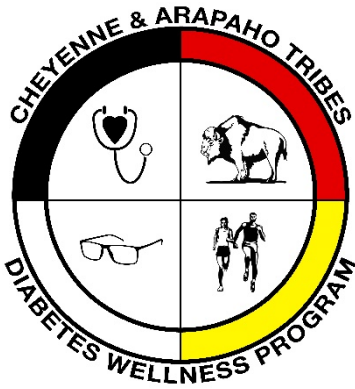
Physical Activity Readiness Questionnaire (PAR-Q)

NAME _____ DATE: _____
 AGE: _____
 HEIGHT: _____(in.) WEIGHT: _____(lbs.) *Will get measurements from InBody taken*
 PHYSICIANS NAME: _____ PHONE: _____

The PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity most suitable to them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it's applies to you.

QUESTIONS		YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for your heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		

*If you answered "Yes" to one or more of the above questions, **consult with your physician BEFORE engaging in physical activity.** Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*



Hours of Operations	
Monday – Thursday	8:00 am – 7:00 pm
Friday	8:00 am – 5:00 pm
We are closed all major holidays	

Wellness Center Policies and Procedures

1. **Waiver and Release:**

All individuals interested in using the Wellness Center must complete an allocation and assessment before using any fitness equipment. During the assessment the Wellness Center staff will provide instruction on proper use of equipment. In the event a medical release is required it is the client’s responsibility to have the medical release signed by a physician before beginning any fitness program or facility use. It is the responsibility of the client to report any change in health, or physical injury to the wellness center staff before using fitness facilities or equipment. Youth ages 14 – 17 must have appropriate legal signatures. Children under the age of 14 are not permitted in wellness center area no exceptions.

2. **Eligibility:**

All clients must have an updated application on file to use the Wellness Center facility. The Cheyenne and Arapaho Diabetes Wellness Program does not discriminate on the basis of race, color, religion, gender, national origin, age or disability. The Cheyenne and Arapaho Diabetes Wellness Program is in compliance with the American Disabilities Act. For more information regarding special accommodations or needs contact Program Director.

3. **Conduct:**

Clients must comply with all instructions given by the Wellness Staff. The Wellness Center staff has a zero tolerance policy and has the authority and responsibility to direct those not abiding by policies or being disruptive to leave the facility. Failure to comply with instruction and policy may result in disciplinary action.

4. **Workout Attire:**

Proper workout attire is required. Clients must not wear tight fitting clothing that compromise the safety of the wearer and are not permitted. Jeans or pants with belts or metal rivets and cut off pants are not allowed. For hygiene purpose, a full shirt covering the torso is required. Proper tennis shoes required.

5. **Lost and Found:**

The Cheyenne and Arapaho Wellness/Fitness center are not responsible for lost, damaged or stolen items.

Participants are responsible for storage and securing personal items in day lockers.

Staff members are not permitted to hold valuables.

Items found should be turned into the front desk or the Fitness Center Staff.

Inquiries regarding lost items should be made at the front desk, the Fitness Center Staff or appropriate personnel on duty.

6. **Media – TV/Radio usage:**

The fitness center provides a stereo/radio and television for participants use as long as these devices do not interfere, embarrass or offend others using the facility and its equipment.

Please be courteous for Diabetes Wellness staff, clients, and others in fitness center; the

TV/Radio can be a distraction to our working staff, and patients. Do not exceed volume limit of 18. 2 strike limit on radio violations. After second violations radio privileges will be restricted for 2 months.

7. Locker Rooms:

Lockers are available for clients to store personal belongings and are located in the bathrooms. Lockers are for daily use only, therefore all belongings must be removed daily. Personal locks may be used at owner's expense but must be removed when clients leave the facility.

Unauthorized locks left on will be removed and the center will not reimburse the cost of the lock or lockers contents. The contents of the locker will be removed and discarded.

Inquiries regarding lost items should be made at the front desk, or the Fitness Coordinator.

All backpacks and gym bags must be placed in the locker. In the event there is no locker available clients may place their belongings in a visible location in the gym area.

8. Food & Beverages:

No food is permitted anywhere in the Fitness Center workout areas. Only water or sports drinks in a bottle with a secure lid or controlled spout are allowed in the gym area.

Water stations are provided throughout the Wellness Center for clients use.

Glass or Metal containers are not allowed in the Wellness Center area.

Alcoholic beverages and tobacco are not allowed.

9. Advertising:

All advertising materials (flyers, banners, etc.) must be approved by the Fitness Coordinator or Program Director. Advertising materials will be contained to the designated bulletin boards.

10. Equipment Checkout Policy:

NO workout/fitness equipment will be checked out by client's.

11. Employee Wellness Leave:

It is the responsibility of the Cheyenne and Arapaho Tribal employee to fill out the leave slip prior to using the wellness leave. The Wellness Center Staff has no authority over the Wellness Leave policy other than verifying client's presence.

12. Personal Training:

The Diabetes Wellness Program Staff has various experience and training with recommending physical fitness exercise protocols and are available to provide the service. The Wellness staff may offer to refer client's to the wellness Center's dietician or diabetes management nurse for further information if it may benefit the client's health goals. All information gathered in the assessment(s) will be kept confidential and in a secure location.

The Wellness Staff also has other duties and obligations to fulfill requirements specific to our federally funded grant guidelines that include but not limited to following tribal events, tribal program agreements, additional trainings, community events, and school related events. Therefore, depending upon each staff member's schedule personal training sessions may need to be adjusted or adhered for funding compliance and requirements. The Wellness Staff welcomes friendly constructive suggestions to help develop and improve the fitness program offered. We will explore suggestions given if possible and as long as they fall within guidelines.

I have read Policies and Procedures:

Print Name

Date

Signature

DOB