



CCCC Wellness Program

910-938-6260

Building M: Room 100

1. Fill out wellness packet completely. Sign and return to M:100.
2. Your packet will be reviewed by the Wellness Coordinator and a follow up phone call received within 3 business days.
3. A wellness department staff member is available to assist you on your first visit (upon your request) by providing you with general protocol and equipment instruction.
4. Fitness assessments, diet and exercise consultations may be scheduled with the Wellness Coordinator. See wellness staff to schedule an appointment.

North Carolina
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www.statehealthplan
www.mypyarmid.gov



Wellness Program

910-938-6260

Client Profile

Date: _____

Student ID #: _____

Age: ____ D.O.B _____

Sex: M / F

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____

Emergency contact: _____

Relationship to Client: _____ Phone Number _____

Physician: _____ Phone Number _____

If you are interested in any of the following services please mark with an "X":

Accurate body weight _____

Group Fitness classes _____

Body Fat % _____

Bicep strength test _____

Blood Pressure _____

Curl ups test _____

Aerobic Fitness test _____

Push-ups test _____

Back Flexibility test _____

Exercise Program _____

Orientation on Fitness equipment _____

Nutrition info see www.mypyramid.gov

Faculty & Staff

Position/Title: _____

Supervisor's Name: _____ Ext.# _____

Department: _____

Length of Employment: _____

Student: Part-time / Full-time

Major _____

Length of Enrolment: _____



General Medical Information

www.statehealthplan.state.nc.us

1. List all medications you take on a regular basis: _____

2. Have you had a stroke? Y or N _____

3. Has your Dr. ever said that you have heart trouble? Y or N
4. Do you take asthma medication? Y or N
5. Are you pregnant? Y or N If yes, how many months? _____
6. Is there any other physical reason that prevents you for participating in an exercise program (i.e., cancer, osteoporosis, severe arthritis, mental illness, thyroid, kidney, or liver disease). Y or N
7. Do you smoke? Y or N
If yes, how much per day and your age when you started? _____

Past History

Have you had OR do you presently have any of these conditions? (Check if Yes)

- | | | |
|-------------------------|-----------------------------|--------------------------------|
| Rheumatic Fever () | Recent Operations () | Edema "swelling of ankles" () |
| High Blood Pressure () | Injury to Back or Knees () | Seizures () |
| Low Blood Pressure () | Heart Attack () | Fainting () |
| Lung Disease () | High Cholesterol () | Other () _____ |
| Diabetes () | Chest Pains () | |

Family History

Have any relatives had OR do any relatives currently have any of these conditions? (Check if Yes)

- | | | |
|----------------------|-------------------------|------------------------------|
| Heart Attack () | High Blood Pressure () | Diabetes () |
| Heart Operations () | Other major illness () | Congenital Heart Disease () |
| High Cholesterol () | Other () _____ | |

Explain Checked Items

Activity History

1. How were you referred to this program?

2. Why are you enrolling in this program?

3. Do you participate in a regular exercise/weight management program at this time? Y or N
If yes,
describe_____

4. Do you take your pulse during exercise at any point? Y or N

5. How high does your pulse rate reach (per minute)? _____

6. Do you have any injuries (bone or muscle disabilities) that may interfere with exercising? Y or N
If yes,
describe_____

7. List in order your personal fitness objectives.

1. _____

2. _____

3. _____

8. Are you interested in nutritional information? Y or N

9. Are you presently involved in a weight management program? If yes, briefly
explain_____



www.mypyramid.gov



CCCC Wellness Program

RELEASE/ASSUMPTION OF RISK AGREEMENT

In consideration of gaining access to participate in activities associated with CCCC Wellness Program, I do hereby waive, release and forever discharge Coastal Carolina Community College/CCCC Wellness Program and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in activities in said program. _____ (Please Initial)

I understand the policies and procedures set forth by the CCCC Wellness Program and I have had the opportunity to discuss my specific needs in relation to participatory activity and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. _____ (Please Initial)

I have received, read and fully understand the rules associated with the CCCC Wellness Program and its facilities. _____ (Please Initial)

I acknowledge that the consent forms are only valid for one year. I also understand that I will be required to re-sign once these have expired. _____ (Please Initial)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with CCCC Wellness Program

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with CCCC Wellness Program.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of CCCC Wellness Program.

Participant's Name (Please print clearly)

Participant's Signature

Date _____

Parent/Guardian's Signature (if needed)

Date _____



Coastal Carolina Community College

WEIGHT ROOM GENERAL RULES:

- 1) Participants must be 16 years of age or older to use the weight and fitness rooms. Anyone who is under 16 years of age is not allowed to use the weight and fitness rooms. Anyone under 18 years of age is required to provide a parental signature.
- 2) You must sign in and out.
- 3) Appropriate athletic apparel must be worn. Shirt and closed toed shoes required. No street clothing. Sandals, open-toe shoes, hard soled shoes, jeans, street clothing, and anything that compromises the safety and professionalism of the weight and fitness rooms are prohibited.
- 4) No food, alcohol, tobacco of any kind, chewing gum, glass bottles, or cans allowed. If you wish to carry a beverage with you, it must be in a plastic container with a lid/cap.
- 5) Return all equipment to its original location when you are finished.
(This includes: body bars, weights, dumbbells, stability balls, jump ropes, bands/chords, steps/risers, and medicine balls)
- 6) Do not drop weights on the floor.
- 7) Wipe equipment with sanitizer when you are finished.
- 8) Patrons should use extreme caution in lifting weights to avoid potential injuries to themselves or others. Do not attempt to use equipment if unfamiliar with the proper use. Please ask the weight and fitness staff for assistance.
- 9) All equipment must be used in the manner for which it was designed. Do not attempt to modify the equipment.
- 10) No outside personal training is permitted in the facility.
- 11) Please direct all questions, concerns, and maintenance needs to a weight and fitness staff person on duty.
- 12) Profanity of excessively loud or suggestive language will not be tolerated
- 13) Covering the padded equipment with a towel helps prolong the life of the equipment and keeps everything clean for the next user. All users are encouraged to bring a clean towel to use on the weight equipment and to wipe down the cardiovascular equipment.
- 14) Personal belongings such as backpacks, wallets, etc., may not be placed anywhere in the weight and fitness rooms. Lockers are available in the locker rooms for your convenience.
- 15) There is a 30 min time limit on the aerobics fitness machines when people are waiting. There are no advance sign ups.

The policies of the CCCC weight and fitness rooms have been developed to keep the facility and equipment in good condition and to assure your safety while using the facilities. If you have any questions or need assistance, please go to the CCCC P.E. Office.

Use of the CCCC fitness facilities is a privilege. Failure to comply with policies and directions of the staff governing participation, equipment and/or conduct may result in suspension from the CCCC fitness facilities and/or its programs.

Signature: _____ Date: _____