A fitness assessment is a great way to evaluate your current fitness level. It includes a series of measurements that help determine physical fitness and are a great way to gauge your current fitness level.

What you should know and how to prepare:

- Wear athletic shorts, t-shirt and athletic shoes.
- Drink plenty of fluids over the 24-hour period preceding the test to ensure normal hydration prior to the testing.
- Avoid heavy meals, tobacco, alcohol, and caffeine for at least 3 hours before testing. You may have a small snack 30 minutes to 1 hour before the test.
- Avoid exercise or strenuous physical activity the day of the test.
- Get an adequate amount of sleep (6-8 hours) the night before the test.

A Fitness Assessment measures height, weight, body composition, blood pressure, muscular endurance, cardiovascular endurance and flexibility.

1. Height and Weight Measurements
2. Resting Heart Rate
3. Blood Pressure
4. Body Composition
5. Sit-up Test/min
6. Push-up Test/min
7. Step Test
8. Sit and Reach

Below you will find a brief description of each element of the fitness assessment.

To take your Resting Heart Rate, sit in a chair, feet on floor in a relaxed position. Your pulse will be taken on your wrist to determine your resting heart rate. This is a person's heart rate at rest. The best time to find out your resting heart rate is in the morning, after a good night's sleep, and before you get out of bed. The average heart beats about 60 to 80 times a minute when at rest. Resting heart rate usually rises with age, and it's generally lower in physically fit people.

Your Blood Pressure will be taken with an automatic blood pressure monitor. Resting heart rate and blood pressure are important indicators to measure as you begin and progress in your fitness routine. The 1\textsuperscript{st} number: systolic pressure is the pressure generated when the heart contracts. The 2\textsuperscript{nd} number: diastolic pressure is the blood pressure when the heart is relaxed.

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>110</td>
<td>75</td>
</tr>
<tr>
<td>120</td>
<td>80</td>
</tr>
<tr>
<td>130</td>
<td>85</td>
</tr>
<tr>
<td>140</td>
<td>90</td>
</tr>
<tr>
<td>160</td>
<td>100</td>
</tr>
<tr>
<td>180</td>
<td>110</td>
</tr>
<tr>
<td>210</td>
<td>120</td>
</tr>
</tbody>
</table>

HIGH blood pressure symptoms: stressed, sedentary, bloated, weak, failing

LOW blood pressure symptoms: weak, tired, dizzy, fainting, coma
**Body Composition** measures the ratio of lean body mass to fat mass with skin fold measurements. We strongly suggest wearing comfortable, loose fitting clothing (shorts and a t-shirt). Body composition measurements are most accurate when taken first thing in the morning before consuming any food or drink.

The **Sit-Up and Push-Up Tests** test the ability of your muscles to exert force over and extended period of time.

The **Step Test** estimates your aerobic fitness level by performing a 3-minute step test on a 12-inch step.

The **Sit and Reach** test is the most common way to measure lower back and hamstring flexibility. You will be well warmed up by the time you do the sit and reach test. Place the ruler on the ground between your legs (0 end lined up with your feet) or on the top of the step. Place one hand on top of the other, then reach slowly forward. At the point of your greatest reach, hold for a couple of seconds, and we will measure how far you have reached. You will have 2 practice reaches, then on the third hold your reach for 3 seconds.

**What Your Sit and Reach Test Results Mean:** sit-and-reach results compare your own flexibility over time as well as comparing your score to norms, or averages, for your gender and age. Adequate flexibility is being able to reach your toes while keeping your legs straight. If you can’t reach your toes (the 0 mark on the ruler), your flexibility is less than recommended.

<table>
<thead>
<tr>
<th>Super</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>&gt; + 10.5</td>
<td>&gt; + 11.5</td>
</tr>
<tr>
<td>Good</td>
<td>&gt; + 6.5</td>
<td>&gt; + 8.0</td>
</tr>
<tr>
<td>Average</td>
<td>&gt; + 2.5</td>
<td>&gt; + 4.5</td>
</tr>
<tr>
<td>Fair</td>
<td>&gt; + 0.5</td>
<td>&gt; + 0.5</td>
</tr>
<tr>
<td>Poor</td>
<td>&gt; -1.5</td>
<td>&gt; -2.5</td>
</tr>
<tr>
<td>Very Poor</td>
<td>&lt; -7.5</td>
<td>&lt; -6.0</td>
</tr>
</tbody>
</table>

Your maximum heart rate is about 220 minus your age. The figures below are averages, so use them as general guidelines.

<table>
<thead>
<tr>
<th>AGE</th>
<th>TARGET HR ZONE 50-85%</th>
<th>AVERAGE MAXIMUM HEART RATE 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 years</td>
<td>100–170 beats per minute</td>
<td>200 beats per minute</td>
</tr>
<tr>
<td>25 years</td>
<td>98–166 beats per minute</td>
<td>195 beats per minute</td>
</tr>
<tr>
<td>30 years</td>
<td>95–162 beats per minute</td>
<td>190 beats per minute</td>
</tr>
<tr>
<td>40 years</td>
<td>90–157 beats per minute</td>
<td>185 beats per minute</td>
</tr>
<tr>
<td>45 years</td>
<td>88–153 beats per minute</td>
<td>180 beats per minute</td>
</tr>
<tr>
<td>50 years</td>
<td>85–149 beats per minute</td>
<td>175 beats per minute</td>
</tr>
<tr>
<td>55 years</td>
<td>83–140 beats per minute</td>
<td>170 beats per minute</td>
</tr>
<tr>
<td>60 years</td>
<td>80–136 beats per minute</td>
<td>165 beats per minute</td>
</tr>
<tr>
<td>65 years</td>
<td>78–132 beats per minute</td>
<td>160 beats per minute</td>
</tr>
<tr>
<td>70 years</td>
<td>75–128 beats per minute</td>
<td>155 beats per minute</td>
</tr>
</tbody>
</table>
FITNESS ASSESSMENT QUESTIONNAIRE AND WAIVER

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Date __________________________

First Name__________________________________________   Last Name______________________________________________

Address__________________________________________________   City ______________________ State ____ Zip _________

Home Phone________________________________________     Business or Alternate Phone________________________________

Age___________________   Height____________________     Weight______________________

For questions 1-9, have you experienced:

1. Pain or discomfort (or anginal equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow)       YES □ NO □ UNSURE□

2. Shortness of breath at rest or w/mild exertion       YES □ NO □ UNSURE□

3. Dizziness or syncope at rest or w/mild exertion       YES □ NO □ UNSURE□

4. Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion       YES □ NO □ UNSURE□

5. Edema (excessive accumulation of tissue fluid)       YES □ NO □ UNSURE□

6. Palpitations or tachycardia (sudden rapid heart beat)       YES □ NO □ UNSURE□

7. Intermittent claudication (lameness due to decreased blood flow)       YES □ NO □ UNSURE□

8. Known heart murmur (abnormal heart sound)       YES □ NO □

9. Unusual fatigue or shortness of breath with usual activities       YES □ NO □ UNSURE□

10. Do you smoke?          YES □ NO □

11. Do you drink occasionally?         YES □ NO □

12. Have you been a member of a health club before?       YES □ NO □

13. Have you been exercising regularly for the past 6 months?       YES □ NO □

14. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Exercise Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-20</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td></td>
</tr>
<tr>
<td>41-50</td>
<td></td>
</tr>
<tr>
<td>51+</td>
<td></td>
</tr>
</tbody>
</table>

15. Are you currently involved in regular endurance (cardiovascular) exercise?       YES □ No □ If yes, please specify the type of exercise(s)__________________________       ____minutes / day       ____days / week

16. How often do you eat out?_______________times per week.

17. I would like to:

□ Lose weight       □ Gain weight       □ Feel better       □ Look better       □ Live healthier
18. Please list the habits that you would like to change.

____________________________________________________________________________
____________________________________________________________________________

19. On a scale of 1 – 10, (with 10 being very serious) how serious are you about achieving your goals?

1  2  3  4  5  6  7  8  9  10

20. Is there anything else your trainer should be aware of?

____________________________________________________________________________
____________________________________________________________________________

RELEASE AND WAIVER OF LIABILITY

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERSITY OF MASSACHUSETTS, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.

I, the undersigned, acknowledge that the Personal Training Fitness Assessment hereunder includes participation in physical activities, including but not limited to, various aerobic exercises, muscular endurance and or resistance training, flexibility and other physical measurements. The member acknowledges these physical activities may be strenuous and may involve inherent risk of physical injury. Member agrees to assume all risk and responsibility involved with participation in these physical activities.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Member’s Signature________________________________________ Date________________________

132x229

382x229
PERSONAL TRAINING REGISTRATION & WAIVER

2010 – 2011 ACADEMIC YEAR
(SEPTEMBER 5, 2010 – SEPTEMBER 3, 2011)

Today’s Date ________/________/________

(Month)       (Day)           (Year)

Personal Training Package: (all packages include intro session/fit assessment and body comp)

☐ 1 Session ($25 student, $40 non-student)     ☐ 3 Sessions ($65 student, $115 non-student)
☐ 6 Sessions ($120 student, $180 non-student) ☐ 10 Sessions ($180 student, $250 non-student)
☐ Fitness Assessment ($15)                   ☐ Body Composition ($10)

Fitness Goals:
☐ Improve cardiovascular fitness  ☐ Tone/reshape my body  ☐ Decrease body fat  ☐ Improve athletic ability
☐ Increase strength  ☐ Improve flexibility  ☐ Build lean muscle mass  ☐ Decrease stress levels  ☐ Improve mood

Trainer Request________________________________________

Please Print Clearly

Name of Applicant______________________________________

(Last)                                   (First)                                        (MI)

Date of Birth _________________________ UCARD # ____________________________ □ Male      □ Female

Email ___________________________________________ Phone _______________________________

Local Address _____________________________________ Apt # ___________________________

City_________________________________________ State_________________________ Zip________

Emergency Contact Name______________________________________    Relation to You___________________

Emergency Contact’s Phone (primary)_________________________ Secondary Phone___________________

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY
IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.
I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERSITY OF MASSACHUSETTS, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.
I, the undersigned, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse THE UNIVERSITY OF MASSACHUSETTS for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the Recreation staff is not responsible for any lost, stolen or damaged personal belongings.
I, the undersigned, have received the Personal Training Registration packet, policies and conduct of training sessions and understand there are limitations to my participation as outlined in the packet.
I, the undersigned, certify that the information I have given on this form is complete and accurate.

Applicant’s Signature________________________________________ Date__________________________

RECREATION STAFF USE ONLY

Membership Classification: ☐ Faculty / Staff ☐ Graduate Student ☐ Continuing Ed ☐ Retiree ☐ Associate ☐ Alumni ☐ Summer Undergrad
Package Purchased: ☐ 1 Session  ☐ 3 Sessions  ☐ 6 Sessions  ☐ 10 Sessions  ☐ Fitness Assessment  ☐ Body Composition

Fee Amount $__________________       Method of Payment □ Cash    □ Check #_________

CSI Invoice #___________________     Date of Purchase______________________

Expiration Date of Package_________________________     Staff Name__________________________________________

(Please Print Clearly)