

## Welcome to Sports Conditioning and Rehabilitation

Welcome to Sports Conditioning and Rehabilitation, SCAR. It is our hope that you gain a new perspective on the rest of your life—physically fit, functionally strong, and free of pain or injury. Our program can have a significant role in improving your health, wellbeing and overall level of fitness.

You will be working with certified professionals who use techniques centered around developing functional stability, core strength and endurance, our training and treatment will help you achieve complete functional rehabilitation and new levels of fitness at a pace that is comfortable for you. Our staff consists of licensed physical therapists, certified athletic trainers, exercise physiologists and personal trainers all with a minimum of a bachelor's degree or greater. We make it a point to keep abreast of pioneering achievement and new techniques in order to incorporate them into your physical therapy rehabilitation program or your fitness program.

For your enjoyment and safety the following information will assist you during your time here at SCAR.

❖ **Schedule your appointments**

- Our personal training hours are 5:30 am to 8:00 pm Monday through Friday and 6:30 am to 1:00 pm on Saturday.

❖ **Please be on time**

- Arriving a few minutes early to stretch and warm-up will help make the most of your session time.

❖ **Dress for Exercise**

- Be prepared to exercise and move easily with loose fitting, comfortable clothing.

❖ **Memberships are Available**

- Once your personal training program is complete you are invited to join our fitness membership as an annual member or participate in one of our fitness programs that can be tailored to help you meet your goals.

❖ **Financing is available**

- We accept Visa, Mastercard, Discover, American Express, personal checks and cash as payment for services.
- We also can schedule payments monthly, quarterly or semi-annually.

❖ **Bring a friend**

- If you would like to have a friend or relative try our programs, please let us know and we will give them a free consultation, workout and tour.

We hope you enjoy your experience at SCAR. Your comments and suggestions are always welcome. Thank you for choosing our facility for your physical therapy and fitness needs.

## Medical History, Health Status & Exercise Screening Form

### Demographic Information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Desired Weight: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about SCAR? \_\_\_\_\_

What are your health & fitness goals? \_\_\_\_\_

Are you aware that some services offered at SCAR may be covered by your health insurance plan? \_\_\_\_\_

### Personal Medical History Information:

- 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 (i.e., back, knee or hip) that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (i.e.: 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 you answered yes to any of these questions a doctor's release may be required.*

Past Operations: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Deformities or Congenital Diseases: \_\_\_\_\_

Are you currently under a Doctors Care? Yes No

If Yes, Please Explain: \_\_\_\_\_

Length of time since last physician check-up: \_\_\_\_\_

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Please list any Medication Taken Regularly and the Reason for Taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are any of these medications a Beta Blocker?    Yes    No

Are any of these special medications?            Yes    No

Are you allergic to any Medication(s)? \_\_\_\_\_

Please indicate if you have a personal history of any of the following:

Activity Level            \_\_\_\_\_ 0) Inactive            \_\_\_\_\_ 1) Relatively Inactive            \_\_\_\_\_ 2) Light  
   \_\_\_\_\_ 3) Moderate            \_\_\_\_\_ 4) Vigorous

Heart Disease            \_\_\_\_\_ 0) None            \_\_\_\_\_ 1) Heart Attack            \_\_\_\_\_ 2) Bypass  
   \_\_\_\_\_ 3) Cardiac Surgery            \_\_\_\_\_ 4) Artery Disease

Irregular Heartbeat    \_\_\_\_\_ 0) None            \_\_\_\_\_ 1) Tachycardia            \_\_\_\_\_ 2) Bradycardia  
   \_\_\_\_\_ 3) PAC's            \_\_\_\_\_ 4) PVC's

EKG            \_\_\_\_\_ 0) Never Taken            \_\_\_\_\_ 1) Normal            \_\_\_\_\_ 2) Abnormal

Ever Smoke    Yes    No

Number of Years Smoked    \_\_\_\_\_ 0) <1            \_\_\_\_\_ 1) 1-2            \_\_\_\_\_ 2) 3-5  
   \_\_\_\_\_ 3) 6-10            \_\_\_\_\_ 4) 11-20            \_\_\_\_\_ 5) 20+

Cigarettes smoked (per day)    \_\_\_\_\_ 0) 0            \_\_\_\_\_ 1) 1-5            \_\_\_\_\_ 2) 6-10  
   \_\_\_\_\_ 3) 11-20            \_\_\_\_\_ 4) 21-40            \_\_\_\_\_ 5) 40+

Years Ago Quit            \_\_\_\_\_ 0) < 1            \_\_\_\_\_ 1) 1-2            \_\_\_\_\_ 2) 3-5  
   \_\_\_\_\_ 3) 6-10            \_\_\_\_\_ 4) 11-20            \_\_\_\_\_ 5) 20+

Obesity    Yes    No            If Yes, Max Wt.: \_\_\_\_\_, at what age: \_\_\_\_\_

Back Pain/Sciatica            \_\_\_\_\_ 0) None            \_\_\_\_\_ 1) Upper            \_\_\_\_\_ 2) Middle            \_\_\_\_\_ 3) Lower

Cause of Back Pain/Sciatica    \_\_\_\_\_ 0) Unknown            \_\_\_\_\_ 1) Injury            \_\_\_\_\_ 2) Muscle Weakness

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Cancer \_\_\_\_\_ 0) None \_\_\_\_\_ 1) Breast \_\_\_\_\_ 2) Digestive  
 \_\_\_\_\_ 3) Skin \_\_\_\_\_ 4) Lung \_\_\_\_\_ 5) Prostate  
 \_\_\_\_\_ 6) Uterine \_\_\_\_\_ 7) Leukemia \_\_\_\_\_ 8) Other

Date of Diagnosis: \_\_\_\_\_

Heart Murmur	Yes	No	Enlarged Heart	Yes	No
Chest/Arm Pain w/ Exertion	Yes	No	High Blood Pressure	Yes	No
Stroke	Yes	No	Peripheral Vascular Disease	Yes	No
Elevated Serum Cholesterol	Yes	No	Elevated Triglycerides	Yes	No
Physical Exam w/ 5 years	Yes	No	Recent Surgery	Yes	No
Epilepsy	Yes	No	Varicose Veins	Yes	No
Blood Clots	Yes	No	Lightheadedness/Fainting	Yes	No
Shortness of Breath	Yes	No	Asthma	Yes	No
Rheumatic Fever	Yes	No	Hiatal Hernia	Yes	No
Anemia	Yes	No	Diabetes	Yes	No
Diagnosed Hypoglycemia	Yes	No	Anorexia	Yes	No
Bulemia	Yes	No	Kidney Failure	Yes	No
Kidney Removal	Yes	No	Kidney Stones	Yes	No
Kidney Dialysis	Yes	No	Gout	Yes	No
Gallbladder Removal	Yes	No	Gallstones	Yes	No
Gallbladder Disease	Yes	No	Colitis	Yes	No
Arthritis	Yes	No	Sickle Cell Trait	Yes	No
Joint Pain	Yes	No	Pain in Legs	Yes	No
Skin Aches	Yes	No	Lower Leg Pain	Yes	No
Shin Splints	Yes	No	Achilles Pain	Yes	No
Fatigue	Yes	No	Currently Pregnant	Yes	No
Trying to get Pregnant	Yes	No			

**Family Medical History Information: (grandparents, parents, siblings)**

If Yes, please indicate the ages of the relative at time of onset:

Heart Disease Yes No Age: \_\_\_\_\_  
 \_\_\_\_\_ 0) None \_\_\_\_\_ 1) Heart Attack \_\_\_\_\_ 2) Bypass \_\_\_\_\_ 3) Cardiac Surgery \_\_\_\_\_ 4) Artery Disease

Congenital Heart Disease Yes No Age: \_\_\_\_\_  
 Stroke Yes No Age: \_\_\_\_\_  
 High Blood Pressure Yes No Age: \_\_\_\_\_  
 Diabetes Yes No Age: \_\_\_\_\_  
 Elevated Triglyceride Level Yes No Age: \_\_\_\_\_  
 Obesity Yes No Age: \_\_\_\_\_  
 Cancer Yes No Age: \_\_\_\_\_ Type: \_\_\_\_\_



**Important Notice  
To All Personal Training Clients**

**6 Hour Cancellation of Appointment Required**

Due to an increased number of "missed" appointments, the management of Sports Conditioning and Rehabilitation (SCAR) has decided that effective immediately, a six (6) hour cancellation notice will be required or you will lose that particular session. (This excludes emergency situations).

**The six hour cancellation notice has to be executed within six (6) operating hours at SCAR.**

We thank you for your understanding and cooperation concerning this matter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## Membership Automatic Monthly Deduction Authorization Agreement

By completing and returning this form, you establish an automatic monthly payment for your Fitness Membership at Sports Conditioning and Rehabilitation on or about the 1st of each month.

Please enroll me in the Automatic Monthly Deduction program. This authority to remain in full force and effect until Sports Conditioning and Rehabilitation has received written notification from me of its termination in such time and in such manner as to afford Sports Conditioning and Rehabilitation a reasonable opportunity to act upon my request.

NAME(S) OF MEMBER(S): \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

MONTHLY DEDUCTION AMOUNT: \$ \_\_\_\_\_

### Credit Card Option

I hereby authorize Sports Conditioning and Rehabilitation to initiate charges to my credit card indicated below on a monthly basis in the amount specified above.

Type of card:    VISA                      MasterCard            Discover            American Express

Account No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In most cases you can expect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 1st. However, if your authorization arrives on or immediately following the 1st, the automatic deduction will include all previous outstanding balances.

### Bank Draft Option

I hereby authorize Sports Conditioning and Rehabilitation to initiate debit entries to my bank account indicated below and the financial institution below, to debit the same to such account. *Please attach a voided check to this form.*

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_  
(first set of numbers on the lower left hand side of your check)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of Sports Conditioning and Rehabilitation of California, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Sports Conditioning and Rehabilitation of California, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for an injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Sports Conditioning and Rehabilitation of California, Inc. or the use of any equipment at Sports Conditioning and Rehabilitation of California, Inc. (Please initial \_\_\_\_\_)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity, I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial \_\_\_\_\_)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated. \_\_\_\_\_
4. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial \_\_\_\_\_)

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Date

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Signature of Client, Parent, Guardian

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Print Name

## Gym Etiquette

*Gym etiquette is designed for the safety and consideration of all patrons who utilize Sports Conditioning and Rehabilitation.*

### Appropriate Exercise Attire

Clothing that allows you to move freely without restriction will allow you to complete exercises through a full range of motion and will decrease the risk of accidentally dropping weights. Respectable clothing is expected and should not be offensive towards anyone else, please no going shirtless. Proper footwear should be worn to prevent slipping and sliding and possible injury.

### Towels

SCAR provides towels for your convenience, in consideration of other members please wipe down equipment after use, it is very unhygienic to use equipment covered with another person's sweat. Please limit the amount of towels you use to make sure there are always clean towels for everyone. After you are finished using the towels, please place them in the laundry bins provided throughout the club.

### Sharing equipment

If you utilize a certain piece of cardiovascular equipment for more than a half hour and there are other members waiting to use that machine, please be considerate of them and give up the machine. Using a variety of machines allows the body to exert energy in alternative ways, helping prevent chronic over use injuries and boredom.

We all share the weight lifting equipment, so if someone is waiting please do not sit on a machine while you rest between sets. Please be considerate of other patrons and stand up and let a fellow gym member work in, as it is common courtesy to let the member alternate sets with you. The same rule applies if you're using a pair of dumbbells or any other small equipment. When you complete a set, place the weights on the floor so someone else can sneak in a set while you rest.

Please do not put a water bottle, towel, article of clothing, or any other personal item on a weight bench or piece of equipment you're not using. You may be preventing someone else from using that equipment. Set these items down on the floor next to the equipment you are using.

### Dumbbells and Small Equipment Use

Be sure to replace any weights or other equipment to where it belongs after use. This makes it easier for everyone to locate the items they wish to utilize.

Never leave dumbbells or other small equipment lying around on the floor, someone may trip and fall. If you leave your dumbbells on the floor between sets, please place them next to a bench or wall to decrease the risk of accidents.

Please do not start a conversation, or interrupt in any other way, someone who is in the middle of lifting a weight. You can easily cause them to lose concentration and injure themselves.

Dropping weights to the floor with a great deal of crashing and banging is a distraction to everyone around you and can also cause damage to the equipment or the floor. If you can't have it in control when you're setting it down, then obviously it's too heavy for you. Use less weight.

Please limit loud grunting and groaning that may be distracting to others. Focus on controlled breathing for your own safety as well.

### Unloading your weight bar

After you finish using a bar, leave it completely empty. Do not assume that everyone can lift the same amount of weight you can. Removing weight plates from a bar takes a fair amount of strength as well as good technique. Even if you're using only a 10-pound plate, you still need to clear your bar. If the next person who comes along wants to use a 45-pound plate, they should not be responsible for removing your weights.

### **Gym Equipment**

If you are not sure how to use a certain piece of equipment, it is always best to ask a SCAR staff member, as we are always happy to help assist you. Often other people are on a schedule and it's best not to distract them from their workout. Also, they may not be qualified to give you advice on proper technique.

The same applies if you want someone to spot for you, do not hesitate to ask a SCAR staff member.

### **Water Cooler**

SCAR has provided you with a reverse osmosis water purifier cooler for cleaner and better tasting water. Please do not stand, blocking others from using the cooler. When you do fill up your bottle, let everyone else in line get a drink first; don't hold up the entire line while you fill a gallon-sized water jug. Please place any used cups in the trash bin after use.

### **Helping the flow of traffic**

Please do not block the traffic flow. While you shouldn't camp out on the equipment while you're resting between sets, neither should you clog the pathways between machines or congregate with friends in the free weight area, as this can create a hazardous condition. In general, weight rooms are crowded with little room between machines. If you block space, someone may walk around you and inadvertently bump someone who's working out on a machine, causing the person to lose control and to drop a weight. This may have serious consequences, with someone ending up injured. The gym is a social atmosphere, feel free to talk to your friends, however please be aware of others around you and the space you may be occupying.

### **Toting around your gym bag**

Carrying your gym bag from machine to machine can create a tripping hazard for other members. Please use the lockers in the change rooms to store your belongings while you train.

### **Locker Rooms**

Please do not take a marathon shower if people are waiting. With the exception of sweat, what you take into the shower should come out with you when you leave. Make sure that you remove all your shower supplies when you are finished. SCAR does provide certain toiletries for your convenience.

Please do not take up three lockers and spread your clothing over the entire bench. Share with others and close your locker when you leave.

Please do not leave locks on lockers overnight unless you have management permission. Locks left on over night may be cut off at the owner's expense.

Please do not leave your belongings in lockers overnight unless you have management permission. Articles left in lockers over night may be removed and SCAR does not guarantee the safe return of your personal items.

**SCAR staff members thank you for your cooperation in ensuring a clean and safe atmosphere for all its members and employees.**