

PERSONAL TRAINING MEDICAL CLEARANCE FORM FOR PHYSICIAN

Please complete and deliver or mail this form to the Lenexa Rec Center, 17201 W. 87th St. Pkwy., Lenexa, KS 66219.

To Dr. _____,

_____ has expressed an interest in starting a personal training program at the Lenexa Rec Center. Exercise recommendations provided by the personal trainer will start easy and become progressively more intense depending on the abovementioned individual's goals and fitness level. Fitness assessments may also be conducted periodically to determine progression. A qualified personal trainer will administer all fitness assessments and make the exercise recommendations. If you have any questions about the assessment or exercise recommendations, contact _____ (name), _____ (title), at _____ (phone or email).

REPORT OF PHYSICIAN

- I know of no reason why the abovementioned individual may not participate.
- I believe the abovementioned individual can participate, but I urge caution because:

- The abovementioned individual should not engage in the following activities:

Additional comments:

SIGNATURE

Physician Name:	Date:	
Physician Signature:		
Address:		
City:	State:	ZIP:
Phone:	<input type="checkbox"/> Office	<input type="checkbox"/> Cell

VOLUNTARY REFUSAL TO SUBMIT PERSONAL TRAINING MEDICAL CLEARANCE ACKNOWLEDGEMENT

FOR PARTICIPANT

If you answered "Yes" to one or more of the questions on the Physical Activity Readiness Questionnaire and you wish to participate but do not want to complete the Personal Training Medical Clearance Form, you must complete the following acknowledgment and bring it with you to your first personal training session.

I, the undersigned Participant/Parent/Guardian, acknowledge that I (or the participant, if a minor) have voluntarily refused to submit a Personal Training Medical Clearance form.

I understand and acknowledge there are possibilities of illness, injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death which may occur while I (or the participant, if a minor) am participating in the Lenexa Recreation Center Personal Training Program ("Program").

I understand and acknowledge that my failure to seek the advice and medical clearance of a doctor prior to my (or the participant's, if a minor) participation in the Program could lead to possible unnecessary injury to myself (or the participant, if a minor).

SIGNATURE

Name of Participant *(print)*: _____

Name of Parent/Guardian of a Minor *(print)*: _____

Signature: _____

Date: _____