Biggest Loser Challenge 7 (12 SEP – 19 DEC 2008) Packet

Name: ______________________________

Welcome to the Biggest Loser 7 Challenge! The first step in determining your level of fitness and insuring a lifetime of health and happiness starts here. Life is not about the amount of time that we live, but rather about the quality of that time.

You will receive a complete fitness assessment and evaluation of your current fitness level. This assessment will include a profile of your cardio-respiratory, absolute and dynamic strength, flexibility, and body composition. After all data is collected, our Physical Fitness Specialists will set-up a time with you to present you with your completed packet and offer guidelines on how to improve your level of fitness over the next three months.

Our first meeting/training session will be in the Aerobics room off to the right of the lobby of Stout Gym. Please make sure to complete and bring with you the Health History form and Nutrition Assessment following the instructions provided.

This will be a very fun and informative morning and we will all share a few laughs and get you on-track to meet your goals. Should you have any questions, please do not hesitate to contact me at 568-3826 or 6458.

Sincerely,

Doug Briggs, Ph.D., CSCS
Director of Strength & Conditioning – US Army/MWR Fort Bliss

Biggest Loser Challenge 7 Agreement Contract

The Program and Requirements:

- In order to participate, the contestants must complete this packet including; Health History Form PARQ, Physician Clearance, and Personal Training Agreement Contract.
- Every contestant will pay $300 for the Biggest Loser Challenge 7 which will take place from 12 SEP 2008 until 19 DEC 2008.
- The optional Fitness Assessment will take place Saturday, September 13 at 1pm.
- The initial weigh-in (first day) and final weigh-in (last day) weights will be used to calculate the overall percentage of weight-loss.
- The contestants will work out in a group setting with a trainer (Michael A. Lind) three times a week.
    - Sessions are in the afternoon from 4 pm to 5 pm or 4:30 pm to 5:30 pm on Mondays, Wednesdays and Fridays (excluding holidays).
    - These are the ONLY sessions that will be conducted.
    - If you are unable to attend the group sessions, you will not be allowed to reschedule a private sessions
- The workouts will consist of weight training and conditioning sessions, designed by Michael A. Lind B.S., CSCS, Certified Personal Trainer and Group Fitness Instructor under the guidance of Dr. Doug Briggs PhD, CSCS, Director of Strength and Conditioning.
- Before and after pictures (optional but recommended) will be at the discretion of the participants. These before and after pictures are an important part of the success of this program.
- Weigh-ins (done privately) will take place will take place at the 1st, 3rd, 6th, 9th and 12th weeks.
    - These weigh-ins are mandatory, there will be a 72 hour window, in which the participants must weigh-in.
    - Body Composition tests will be done at the 1st, 6th and 12th weeks.
- The person who has the highest percentage of weight-loss (based on starting and ending weight) will be Fort Bliss' Biggest Loser 7 winner.
- The last day to register is the September 12, 2008. Late registrations will be considered on case by case bases.
- Each contestant will receive:
    - A complimentary copy of "Sixteen Weeks to Weight Training Success.
    - A pedometer to track how many steps and/or miles you've walked in a day.
    - A reusable water bottle in order to remain hydrated throughout the program.
- Pick-up applications at Michael Stout Fitness Center and the Tennis Club/Fitness Zone, Building 251.
- Make payment and turn-in applications at the Snack Bar inside Stout Gym.

Participant's Name (Print Clearly)	Participant's Signature and Date

Health History Form

1. Date:			
2. Name:		Age:	
3. Emergency Contact Name:		Phone:	( ) –
4. Resting Blood Pressure:			

5. Past and Present Personal Health History (Check all that apply):			
	Disease of the heart and arteries		Abnormal Electrocardiogram (EKG)
	High Blood Pressure		Angina Pectoris (Chest Pain)
	Epilepsy		Stroke
	Anemia		Abnormal Chest X-ray
	Cancer		Asthma
	Other Lung Diseases		Orthopedic or Muscular Problems
	Diabetes (Type I or II)		

If any of the above is checked, please explained further below and indicate any recommendations your doctor has made regarding exercise.

	Yes	No
Is there a family history of Heart Disease, Hypertension, Stroke, Diabetes, Heart Failure, Lung Disease, or Epilepsy?		
If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death:		
Do you currently smoke?		

IF YES, how many cigarettes per day?	
If you smoked in the past, when did you quit?	

	Yes	No
Are you currently taking medication prescribed by a physician?		
If YES, indicate name of medication, dosage and reason for taking it:		
Please indicate any additional **medical** information that you think is important for us to know prior to fitness testing, evaluation or exercise.		

6. Level of Physical Activity	Yes	No
Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, group fitness classes, etc?		
Are you currently participating in weight training?		
Do you perform stretching exercises?		
What describes your level of physical activity during the past 4-6 weeks?		

	Very Active
	Moderately Active
	Occasionally Active
	Inactive

Please indicate any additional information that you think is important for us to know prior to fitness testing, evaluation or exercise.

Physical Activity Readiness Questionnaire (PAR-Q)

Name						Date	
DOB		Age		Home Phone		Work Phone or Cell	

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly: (Circle Yes or NO)

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant’s signature		Date	

Informed Consent Form

The undersigned herby gives inform consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activity. The purpose of the test is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions are voluntary and will be supervised and monitored by trained physical fitness specialists. These activities include walking, running, weight training, and callisthenic exercises performed in either a field or gymnasium.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heart beats, and abnormal blood pressure and in Re instances, a heart attack. If abnormal changes were to occur, the staff has trained to recognize symptoms and take appropriate action, including administering CPR and First Aide.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete Health/Medical History information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. I understand that MWR/ Physical Fitness Specialists have reviewed my Health History form and, when appropriate, make recommendations for me to modify my participation in physical activity during the course. I understand that it is my responsibility if I choose not to follow these recommendations.

Inconsideration of my application being accepted, I hereby, for myself, my heirs, personal representatives and executors waive, release and forever discharge and all rights and claims for loss or damages which I may have or hereafter accrue to me against the organizers and sponsors, for any and all injuries which might be suffered by me in this assessment. I attest and verify that I am able to start and complete this fitness assessment.

Physical Fitness Specialist (PFS) Initials

__________ The PFS recommends that you participate in any physical activity during this assessment.

__________ It is recommended by the PFS that you modify your participation in physical activity during the assessment so that you do not aggravate an existing medical condition.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility

______________________________ ______________________

SIGNATURE DATE

Personal Training Contract Agreement

Congratulations on your decision to participate in an exercise program! With the help of your personal trainer, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The details of these training sessions can be used for a lifetime.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are equally important!

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

Personal Training Recommendations

1. A physician's examination is recommended for all participants with any exercise restrictions for *all* men +45 years old and *all* women +55 years old.
2. Personal training participants in either or both of these categories who do not have a prior physician examination will not be able to participate in this program.
3. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by the leaders of the program.
4. It is recommended that all program participants work with their personal trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

Personal Training Terms and Conditions

1. Personal training sessions that are not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
3. The expiration policy requires completion of all personal training sessions within 160 days from the date of the contract. Personal training sessions are void after this time period.
4. No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

Participant's Name (Print Clearly)	Participant's Signature and Date

WE WISH YOU THE BEST OF LUCK ON YOUR NEW PERSONAL TRAINING PROGRAM!

Physician Clearance Form

This form must be signed and dated by your physician.

Name_______________________________________ Phone__________________________

Street Address________________________________ City_________ State_____ Zip_____

To the physician: The program may involve a pre fitness assessment (optional – if individual requests) that includes a bioelectrical impedance analysis (BIA), the 3-minute step test, sit and reach test, tests of dynamic strength (one minute timed sit-ups and push-ups), absolute strength (bench press on a selectorized machine) and one mile walk for time. The actual program will meet three times per week in one hour blocks for a total of three months. Guidance will be provided on exercise program design, nutrition, and aerobics, but the actually program will be determined by the participant. Please complete the following:

I have examined_______________________________________ on ____________________.
(Client's name) (Date of last exam)

I have found the following:

____________he/she may participate fully in a physical activity program consisting of cardiovascular, strength, and flexibility training without limitation.

____________he/she may participate in a physical activity program with the following limitations (please include a brief description of any medical condition which might affect his/her program with appropriate guidelines):

____________he/she should not participate in any physical activity program at this time without first consulting a physician for further testing and guidance.

If your patient is on any medication "that" may affect the heart rate or blood pressure response to exercise (elevating or suppressing) please indicate here:

Physician's Signature__________________________________ Date____________________

Please note: This record must be stamped with the physician's official stamp or be accompanied by a typed letter on the physician's letterhead documenting that an evaluation has been performed on the named client. The Physician Clearance Form will not be accepted without such proper verification.

What to Bring and Do for Your Optional Fitness Assessment

1. The fitness assessment will be done at Stout Gym. Meet in the lobby.
2. Drink plenty of water (64 ounces or more) for three days before your assessment.
3. Do not eat or exercise at least four hours before your testing.
4. Immediately upon waking, before getting out of bed, take your pulse at the carotid artery continuously for one minute and record. The number of beats in one minute will constitute your resting heart rate and is necessary to calculate your exercise intensity.
5. Bring a protein bar or protein shake with you to be consumed after your body fat test.
6. Bring a good pair of running or walking shoes and proper workout clothes (t-shirt, shorts, etc.).
7. Bring a bottle of water (at least 16 ounces).
8. Last, but not least, bring a good attitude and have fun!

Order of Events

1. Overview and explanation to clients.
2. Review of forms.
3. Blood pressure testing.
4. Body composition testing.
5. Eat protein bar or drink protein shake.
6. Five minute break.
7. Three minute step test.
8. One mile walk.
9. Sit and reach test.
10. Bench press test.
11. Sit-ups.
12. Push-ups.
13. Post evaluation meal.