

STUDENT INFORMATION PACKET

First Name: _____
Last Name: _____

STUDENT INFORMATION

Class (check one): PE 186 PE 286

***You cannot take more than one Fitness Center class (Total Fitness or Weight Training) in one quarter. If you are enrolled in more than one, you must drop one of the classes.**

Class Time: _____

Quarter/Year: _____

Instructor's Name: _____

Please check the appropriate box below:

- I have completed the in-class orientation.
- I have completed the on-line orientation.

IMPORTANT:

Turn this packet into your instructor. This is part of your grade!

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Participant's Name (Print Clearly)	
Class	
Quarter/Year	

PAR-Q is a series of questions you should ask yourself before participating in physical activity. Please read each question carefully and check the correct answer opposite the question if it applies to you.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

Although HCC encourages each student to consult with a physician before starting an exercise program, the College *strongly* encourages those students who answered yes to one or more of the above questions to consult a physician before participating in any physical activity. PAR-Q is not a substitute for consultation with a medical professional nor do the above questions exhaustively identify all medical conditions that could adversely affect participation in a physical activity. The College encourages those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. The College also recommends that all participants have a medical insurance policy, either through college offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of programs, services, facilities, and equipment.

ASSUMPTION OF RISK FORM

*I, the undersigned participant, acknowledge the existence of risks of injury in connection with my use of the facilities and physical education programs of Highline Community College (HCC). These risks include, but are not limited to, **episodes of dizziness, temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, fainting and abnormal blood pressure response, disfigurement, drowning, stroke, heart attack, or death.** I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in a physical education program and/or my use of HCC's physical education facilities and equipment that cannot be specifically listed. I further recognize that the actions of other participants may cause harm or loss to my person or property.*

I, the undersigned, acknowledge that I have been informed of the risks associated with my use of the facilities and physical education programs of HCC and I do hereby assume all the above mentioned risks and any other risks reasonably arising from use of the facilities and physical education programs.

Name of Participant (Please Print)

Signature of Participant

Date

FITNESS GOALS

(MAKE SURE YOU READ THE SYLLABUS BEFORE ANSWERING THESE QUESTIONS. ANSWER QUESTIONS #1-4 AT THE START OF THE QUARTER. ANSWER QUESTION#5 AT THE END OF THE QUARTER.)

1. Which of the fitness components are you most interested in improving this quarter? (You may select more than one.)

Cardiorespiratory Endurance

Muscular Strength

Muscular Endurance

Flexibility

Body Composition

2. What form of exercise will you need to emphasize in your workouts to see an improvement in the fitness component(s) you selected above?

Cardio (Aerobic)

Weight Training

Stretching

3. Briefly describe your fitness goal that you hope to achieve by the end of this quarter. This should include which type of exercise you plan on doing, how long your workouts will last, and how many times a week you plan to workout. Make sure your goal is realistic for you!

4. How will you measure your progress and whether or not you reach your goal?

ANSWER THIS QUESTION AT THE END OF THE QUARTER.

5. Did you reach your fitness goal? If yes, how will you continue this behavior after this class. If no, what prevented you from reaching your goal?

FITNESS ASSESSMENT INSTRUCTIONS

GENERAL GUIDELINES

1. **Warning: Talk to your instructor before taking these assessments if you answered "yes" to any of the questions on the Physical Activity Readiness Questionnaire.**
 2. Avoid food, alcohol, caffeine, and nicotine for at least 3 hours before testing.
 3. Drink plenty of fluids during the preceding 24 hours.
 4. Avoid strenuous physical activity for at least 24 hours.
 5. Get plenty of rest or sleep (6-8 hours) the night before testing.
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FLEXIBILITY: SIT AND REACH TEST

1. Make sure you warm-up before taking the sit and reach test.
 2. Remove shoes; sit with legs extended and feet placed squarely against the box.
 3. Feet should be no wider than 8 inches apart. Toes pointed towards ceiling.
 4. Hands are placed one on top of the other, palms down, fingertips matching, touching the finger plate.
 5. Fingertips of each hand should remain even throughout the test.
 6. Push the finger plate by slowly leaning forward as far as possible.
 7. Knees should remain straight throughout the test.
 8. No lunging or bobbing. Exhale as you reach.
 9. Hold the maximum stretch for at least 1 second.
 10. Record the best of 3 attempts on your results sheet.
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CARDIORESPIRATORY ENDURANCE:

1. Locate a running track or other flat area that provides exact measurements of up to 1.5 miles (6 laps on Highline track).
2. You may also use a treadmill. Use the manual setting and adjust speed as necessary. Make sure the incline is set to 0.
3. Use a stop watch or watch with second hand to measure time (treadmills have built-in timers).
4. Try to cover the distance at a pace that is best for you. Practice your pacing prior to taking the test to avoid going too fast at the outset and becoming prematurely fatigued.
5. Warm-up
6. Cover the 1.5 miles as quickly as possible.
7. Record your time.
8. Cool down.

MUSCULAR STRENGTH: UPPER AND LOWER BODY 1RM

1. You may use either free weights or the Cybex machines to complete your 1RM.
 2. Choose one upper body lift and one lower body lift to measure your 1RM.
 3. Make sure you use the same lifts for your pre and post assessments!
 4. Warm up with a light weight, progress to weights closer to your 1 RM.
 5. Rest between both warm up sets and between repeated 1 RM tests.
 6. Following a warm up, if you successfully complete 1 rep stop and add more weight, judging by difficulty how much weight you can add. Continue adding until you reach a weight you cannot lift.
 7. The heaviest weight you can take through a full range of motion is your 1RM.
 8. Record the name of your lifts, your max weight, and seat setting if you are using the Cybex equipment.
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MUSCULAR ENDURANCE: ONE MINUTE SIT-UP TEST

1. Lie on your back with your knees bent and feet flat.
2. Your hands should rest on your thighs.
3. Begin by squeezing your stomach, pushing your back flat and sliding your hands up your thighs to the tops of your knees, then lower back to starting position.
4. Your shoulders should touch the mat between each rep.
5. Count how many times you can do this in 1 minute.
6. Record your number of sit-ups on your results sheet.

PUSH-UP TEST

1. Men should use the standard push-up position; only hands and toes touching floor.
2. Women should use the modified push-up position; hands and knees touching floor.
3. Begin from the up position, with arms fully extended.
4. Lower upper body, touch the floor with chest, and return to fully extended position.
5. Perform as many push-ups as possible using correct form.
6. Record the total number of push-ups on your results sheet.

Date

FITNESS ASSESSMENT RESULTS: PRE-TEST

You must complete at least 3 of the following 4 assessments. A pre and post assessment must be completed for all 3 that you choose. The pre assessments should be completed by the end of the second week of the quarter. The post assessments should be completed during the last two weeks of the quarter. You must use the same assessments for both the pre and post tests. **Read the instructions on pages 6-7 carefully before completing the assessments.**

CARDIO ASSESSMENT: 1.5 MILE WALK/RUN

Cardio Assessment: 1.5 Mile Run

_____ min _____ sec

Instructor Initials _____

**MUSCULAR STRENGTH ASSESSMENT:
1 REP MAX, UPPER AND LOWER BODY**

Upper Body

Lower Body

Name of Lift		Name of Lift	
Amount Lifted		Amount Lifted	
Seat Setting (Cybex)		Seat Setting (Cybex)	

- Record seat setting only if you are using the Cybex machines. Seat settings must be the same for pre and post-test!

Instructor Initials _____

**MUSCULAR ENDURANCE ASSESSMENT:
SIT-UPS AND PUSH-UPS**

Number of sit-ups _____ Number of push-ups _____

Instructor Initials _____

FLEXIBILITY ASSESSMENT: SIT AND REACH TEST

_____ inches

Instructor Initials _____

*All
assessment
results must
be initialed
by an
instructor!*

Instructors are
in the Fitness
Center from
8am-2pm and
5pm-6pm.

Date

FITNESS ASSESSMENT RESULTS: POST-TEST

You must complete at least 3 of the following 4 assessments. A pre and post assessment must be completed for all 3 that you choose. The pre assessments should be completed by the end of the second week of the quarter. The post assessments should be completed during the last two weeks of the quarter. You must use the same assessments for both the pre and post tests. **Read the instructions on pages 6-7 carefully before completing the assessments.**

CARDIO ASSESSMENT: 1.5 MILE WALK/RUN

Cardio Assessment: 1.5 Mile Run

_____ min _____ sec

Instructor Initials _____

**MUSCULAR STRENGTH ASSESSMENT:
1 REP MAX, UPPER AND LOWER BODY**

Upper Body

Lower Body

Name of Lift		Name of Lift	
Amount Lifted		Amount Lifted	
Seat Setting (Cybex)		Seat Setting (Cybex)	

- Record seat setting only if you are using the Cybex machines. Seat settings must be the same for pre and post-test!

Instructor Initials _____

**MUSCULAR ENDURANCE ASSESSMENT:
SIT-UPS AND PUSH-UPS**

Number of sit-ups _____ Number of push-ups _____

Instructor Initials _____

FLEXIBILITY ASSESSMENT: SIT AND REACH TEST

_____ inches

Instructor Initials _____

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