



2010 Application Form

Are you looking for a program that will help you lose fat and improve your health and well-being? Would you like to be around people who will support and encourage you daily regarding your fitness routine and nutrition choices? If you answered yes to either of these questions than perhaps Campus Recreation has just the program for you. Campus Recreation's Commit to Get Fit program offers workout sessions in addition to educational sessions on nutrition and overall health. This 10 week program will give the 12 participants the energy and knowledge necessary to lead a healthier and more satisfying life. **Past participants are not eligible for the 2010 Commit to Get Fit program.**

The program will consist of the following: (**1st three tests are done before and after the 10 week program**):

- VO₂ Submax Assessment (measure of cardiovascular health)
- Resting Metabolic Rate (RMR) testing (measure of resting caloric expenditure)
- Bod Pod Assessment (measure of body fat percentage)
- Personalized exercise sessions with a fitness professional
- Heart Rate monitor
- Nutritional assessment and program prescribed by a registered dietician
- 10 week ARC membership
- Weekly weight loss winners will receive a one hour massage or a one-on-one session with a personal trainer

Please take the time to fill out the attached application and return it to the address below in order to be considered for a participant interview.

If you have any questions please contact Courtney Burkes at (949) 824-6497 or cburkes@uci.edu

IMPORTANT DATES

All applications must be submitted to Campus Recreation by June 1st.

Program is scheduled to begin the week of July 5, 2010.

**Return application to:
Courtney Burkes
Director of Fitness and Wellness
Anteater Recreation Center
680 California Avenue
Irvine, CA 92697
Zot code: 4515**



COMMIT TO GET FIT PARTICIPANT APPLICATION

1. Please fill out the application legibly.
2. Use dark colored ink.
3. Answer all questions honestly and to the best of your ability.

Name: _____

Department: _____

E-mail address: _____

Phone Number: Work: _____

Cell/Alternate: _____

Gender: M F Height: _____ Current Weight: _____ Age: _____

What is your current work schedule?

Name three of your favorite hobbies or sports:

1. _____
2. _____
3. _____

What is the accomplishment that you are most proud of?

Who is your biggest supporter? Why?

What is your primary motivation for being accepted into the Commit to Get Fit program?

What is something that we wouldn't know by looking at you?

Give us a brief synopsis of your dieting history:

Give us a brief synopsis of your fitness history:

Describe your favorite meal:

Complete the following:

1. Food is:

2. Exercise is:

3. My weight is:

How much weight do you want to lose?

What do you think would be the best thing about losing weight?

What's the hardest thing about being overweight?

Do you currently perform any type of exercise? And if so what?

How competitive are you?

Have you ever been treated for any serious physical illness(es) or injuries? Yes No. If so, how did you overcome the obstacle?

Describe:

Do you have any allergies or medical conditions? Yes No

Describe:

Do you have any physical conditions, special needs or fears that we should know about? Yes No

Describe:

PAR-Q FORM

Please mark YES or NO to the following:

YES

NO

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you perform physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by change in your physical activity?

Are you currently taking any medication prescribed by a doctor? (medication for blood pressure, cholesterol, heart condition, etc)

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

If you marked YES to any of the above, please elaborate below:

Lifestyle Related Questions:

Do you drink alcohol? YES NO If yes, how many glasses per week? _____

Do you smoke? YES NO

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary Active Physically Demanding Requires Travel

On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

List your 3 biggest sources of stress:

1. _____
2. _____
3. _____

Is anyone in your family overweight? Mother Father Sibling Grandparent

Were you overweight as a child? YES NO If yes, at what age(s)? _____

Nutrition Related Questions

On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

How many times a day do you usually eat (including snacks)? _____

Do you skip meals? YES NO

Do you eat breakfast? YES NO

Do you eat late at night? sometimes often never

How many glasses of water do you consume daily? _____

Do you feel drops in your energy levels throughout the day? YES NO If yes, when? _____

Do you know how many calories you eat per day? YES NO If yes, how many? _____

Are you currently taking a multivitamin or any other food supplement? YES NO

If yes, please list the supplements: _____

How many times per week do you eat out? _____

Besides hunger, what other reason(s) do you eat?

- boredom social stressed tired depressed happy nervous

Do you eat past the point of fullness? sometimes often never

Do you eat foods high in fat and sugar? sometimes often never

List 3 areas of your Nutrition you would like to improve:

1. _____
2. _____
3. _____

The Commit to Get Fit schedule is below...are you able to meet on these days/times? YES NO

Monday July 5, 2010 until Thursday September 9, 2010 (10 weeks)

Monday 5:30-7:30pm

Tuesday 5:30-7:30pm

Thursday 5:30-7:30pm

When are you not available during the months of July, August and September?

Name: _____

Signature: _____

Date: _____