

J Fitness – Youth Orientation

This 30- to 60-minute course, taught by a nationally certified personal trainer, teaches youth between the ages of 12 and 16 how to safely and effectively utilize the cardiovascular and strength training equipment in the J's fitness centers.

This class is mandatory for all 12 - 16 year olds who would like to work out in either J fitness center.



The following items will be covered:

- Benefits of exercise
- How to develop a safe and effective strength and conditioning program
- Guidelines for using free weights and strength training machines
- General fitness recommendations
- Rules of the fitness center

Free for members

Location: Staenberg Family Complex or Marilyn Fox Building

By appointment only.

Pre-registration is required.

**REGISTRATION FORMS MUST BE COMPLETED
AND SUBMITTED 24 HOURS PRIOR TO
THE APPOINTMENT DATE.**

For more information, contact:
Patrick McKee (SFC) at 314-442-3293 or
Bernie Suddarth (Fox) 314-442-3452

To register, please complete the following forms and return to
Fitness/Youth Orientation
2 Millstone Campus Dr.
St. Louis, MO 63146
or fax completed forms to 314-442-3452

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Dear Parent,

Thank you for your interest in the J Youth Fitness Center Orientation. This is a great opportunity for your child to learn the importance of health and wellness through exercise, using strength training and cardiovascular equipment, as well as understanding how to exercise safely and effectively.

Please complete the attached registration/liability form and health history questionnaire. A physician's release form is also included. Your child must be cleared by his/her physician before participating in the program. Once all forms are completed, please return them directly to me.

Thank you for your interest and please do not hesitate to contact one of us at 314-442-3452 (Bernie/Fox) or 314-442-3293 (Patrick/SFC) if you have any questions.



Bernie Suddarth
 Fitness Manager



Patrick McKee
 Fitness Manager

Children's PAR-Q

Physical Activity Readiness Questionnaire

PARTICIPANT INFORMATION

Name: _____ Age: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Emergency Contact: _____ Phone: _____

MEDICAL HISTORY and PHYSICAL ACTIVITY

	No	Yes
Has a doctor ever said your child has a heart condition and recommended only medically supervised activity?	_____	_____
Does your child have chest pain brought on by physical activity?	_____	_____
Do your child have a bone or joint problem that could be aggravated by the proposed physical activity?	_____	_____
Has a doctor ever recommended medication for your blood pressure or a heart condition?	_____	_____
Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your child exercising without medical supervision?	_____	_____

Has a physician ever diagnosed your child with one of the following? Check all that apply.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Sacroiliac Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Knee Problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Stroke | <input type="checkbox"/> Back Problem |
| <input type="checkbox"/> Short of Breath | <input type="checkbox"/> Angina | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Neck Problem |
| <input type="checkbox"/> Arthritis Bursitis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Pregnancy |

Other: _____

Date of last physical exam: _____

Please list all of your child's current medications: _____

Notes: _____

PHYSICAL ACTIVITY

Does your child exercise regularly? _____ If yes, how often? _____

If your child is not currently exercising, has she/he exercised in the past? _____

What are your child's exercise goals? _____

I certify that my child is in good health and that I have truthfully completed this Health History Questionnaire.

Parent/Legal Guardian Signature

Date



Youth Fitness Center Orientation Registration and Liability Form

Participant Information

Name: _____ Age: _____ Gender: _____
Building Preference: SFC (Creve Coeur) Fox (Chesterfield)
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Emergency Contact: _____ Phone: _____

Parent/Legal Guardian Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

Youth orientations are by appointment only:

At SFC, call Patrick McKee at (314) 442-3293.

At Fox, call Bernie Suddarth at (314) 442-3452.

Location: Staenberg Family Complex or Marilyn Fox Building

Registration Fee: Free for members

**Registration must be received 24 hours prior to your appointment to conduct the youth orientation.*

Mail or return to:

The J
Fitness/Youth Orientation
2 Millstone Campus Dr.
St. Louis, MO 63146
or fax to (314) 442-3293

Participant's Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____



Physician Release Form

Date: _____

Dear Physician,

Your patient, _____ wishes to participate/continue with a personalized exercise program with the Jewish Community Center Personal Training Department. As a participant in this program, your patient will be instructed in proper exercise techniques while working one-on-one with a Nationally Certified Personal Trainer.

All of our personal trainers follow the American College of Sports Medicine (ACSM) guidelines for exercise testing and prescription. Their guidelines will be as follows. If you wish to see a specific workout for your patient, please contact our office.

	Cardiovascular Fitness	Muscular Fitness
Frequency	3-5 days/week	At least 2 days/week
Intensity	60-75% Max Heart Rate	Moderate Resistance
Duration	20-60 minutes	Approximately one hour
Mode of Activity	Aerobic exercise	Strength training major muscle groups

Are there any medical factors in your patient's history, or any medications that are currently being taken which would affect exercise programming or the patient's ability to participate in a non-medically supervised exercise program? Please Check: Yes No

If yes, please explain: _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

Please document any developmental, cognitive and/or physical disabilities and identify any recommendations, restrictions or limitations that are appropriate for your patient in this exercise program: _____

My patient, _____, has my approval to begin/continue an exercise program with the Jewish Community Center Personal Training Department with the recommendations or restrictions stated above.

Physicians name/phone number

Physician's Signature

Thank You,



Bernie Suddarth
Fitness Manager



Patrick McKee
Fitness Manager

The J
Attn: Patrick McKee
2 Millstone Campus Dr.
St. Louis, MO 63146
or fax to (314) 442-3293

Please fax or mail this form, Attention: Patrick McKee, to the fax number or address listed above. If you have any further questions, please contact Patrick, J Fitness Manager, at (314) 442-3293.

