

# J Fitness – Youth Orientation

## Staenberg Family Complex

This **mandatory** 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.



### 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

**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:

Bernie Suddarth, Fitness Director, 314.442.3452

To register, please complete the following forms and return to:

The J

Fitness/Youth Orientation

Attn: Bernie Suddarth

2 Millstone Campus Dr.

St. Louis, MO 63146

or fax completed forms to 314.442.3452

**BOARD OF DIRECTORS**

Felicia M. Malter, *Chair*  
 Eli M. Abeles, *Vice Chair*  
 Cynthia L. Albin, *Vice Chair*  
 Stuart L. Block, *Vice Chair*  
 W. Ted Isaacs, *Vice Chair*  
 Ted Flom, *Treasurer*  
 Arthur E. Weiss, *Asst. Treasurer*  
 Thom E. Kuhn, *Secretary*  
 Debbie K. Lefton, *Asst. Secretary*

Marc H. Alper  
 Meredith S. Berger  
 Mark A. Cantor  
 Jeffrey A. Cohen  
 Michael Ferman  
 Shannon A. Forseter, M.D.  
 Mark Gellman  
 Isabel B. Goldstein  
 Art T. Handman  
 David R. Kaiser  
 Carole C. Levin  
 Steve D. Myers  
 Debbie S. Polinsky  
 Brian I. Pultman  
 Judy K. Rosenthal  
 Jane T. Rubin  
 Andy Sandler  
 Judith R. Scissors  
 Lori D. Sheinbein  
 Greg W. Siwak  
 Brad D. Snitzer  
 Julie B. Stern  
 Cindy Wallach  
 Marc Wallis

**LIFETIME BOARD MEMBERS**

Harvey M. Brown\*  
 Jonathan J. Deutsch\*  
 Charles C. Eisenkramer\*  
 Marilyn Fox\*  
 Harris Frank\*  
 Paul J. Gallant\*  
 Harvey S. Gershenson\*  
 Harvey Gerstein\*  
 Steven L. Goldenberg\*  
 Howard Hearsh\*  
 Frank A. Jacobs\*  
 Helene Mirowitz  
 Marty Oberman\*  
 Lenore R. Pepper\*  
 Sanford E. Pomerantz\*  
 Jerome Raskas\*  
 Monte L. Sandler\*  
 Todd Siwak\*  
 Michael H. Staenberg\*  
 Morris H. Sterneck\*

\*Past President

Lynn D. Wittels, President & CEO  
 Stan Ferdman, President Emeritus



Dear Parent,

Thank you for your interest in the J Youth Fitness Center Orientation. This mandatory course is a great way to open up the world of fitness to your child. It is a wonderful 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 me at 314.442.3452 if you have any questions.

Sincerely,

**Bernie Suddarth**  
 Fitness Director  
 St. Louis Jewish Community Center

# Children's PAR-Q

## Physical Activity Readiness Questionnaire

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
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: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Legal Guardian Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Youth orientations are by appointment only:**

Contact: Bernie Suddarth, 314.442.3452

Location: Staenberg Family Complex

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  
Attn: Bernie Suddarth  
2 Millstone Campus Dr.  
St. Louis, MO 63146  
or fax to 314.442.3452

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
<b>Frequency</b>	3-5 days/week	At least 2 days/week
<b>Intensity</b>	60-75% Max Heart Rate	Moderate Resistance
<b>Duration</b>	20-60 minutes	Approximately one hour
<b>Mode of Activity</b>	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



Bernie Suddarth  
Fitness Director

The J  
Fitness/Youth Orientation  
Attn: Bernie Suddarth  
2 Millstone Campus Dr.  
St. Louis, MO 63146

Please fax or mail this form, to the fax number or address listed above.  
For further questions, contact Bernie, J Fitness Director, at 314.442.3452.

