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



JEWISH COMMUNITY CENTER

Staenberg Family Complex, I.E. Millstone Campus | 2 Millstone Campus Drive, St. Louis, MO 63146 | p 314.432.5700 | f 314.432.5825 | Marilyn Fox Building, Harry and Jeanette Weinberg Campus | 16801 Baxter Road, Chesterfield, MO 63005 | p 314.432.5700 | f 314.442.3404 | iccstl.org

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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

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St. Louis Jewish Community Center



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Children's PAR-Q

Physical Activity Readiness Questionnaire

- Try state / total mode Queen mane						
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 diag	nosed your child with one o	of the following? Check all t	that apply.			
	□ Rheumatism□ Hernia□ Recent Surgery□ Angina□ High Blood Pressure	☐ Hypoglycemia☐ Emphysema	□ Sacroiliac Problem□ Knee Problem□ Back Problem□ Neck Problem□ Pregnancy			
Date of last physical exam	1:					
	's current medications:					
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.						

Date

Parent/Legal Guardian Signature

Youth Fitness Center Orientation Registration and Liability Form

Name: A Building Preference: □ SFC (Creve Coeur) □ Fox (Chesterfield) Address: S City: S Home: Cell: Phone: Parent/Legal Guardian Information Name: Address: City: S Home: Cell: S Home: Cell: S Home: Cell: S Contact: Bernie Suddarth, 314.442.3452	tate:	Zip:
Address: City:	on	
City:	on	
City: SHome: Cell: Phone: Parent/Legal Guardian Information Name: Address: City: SHome: Cell: SHome: Cell: SHome: Cell: SHome: Cell: SHome: Cell: SHome: Cell: SHome: SHome: Cell: SHome:	on	
Parent/Legal Guardian Information Name: Address: City: Home: Cell: Youth orientations are by appointment only:	on	
Parent/Legal Guardian Information Name: Address: City: Home: Cell: Youth orientations are by appointment only:	on	
Name:		
Name:		
Address: S City: S Home: Cell: Youth orientations are by appointment only:		
City: S Home: Cell: Youth orientations are by appointment only:	tate:	7:
Youth orientations are by appointment only:		ZIP:
Registration Fee: Free for members *Registration must be received 24 hours prior to your appointment to	o conduc	t 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:Parent/Legal Guardian:		:

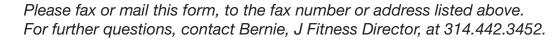


Physician Release Form

	r nysician nelea	Se i Oilli
Date:		
Dear Physician, Your patient,	wishes	to participate/continue with a personalized
exercise program with the	ne Jewish Community Center Personal nt will be instructed in proper exercise	Training Department. As a participant in techniques while working one-on-one with a
	Their guidelines will be as follows. If y	rts Medicine (ACSM) guidelines for exercise ou wish to see a specific workout for your
	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
If yes, please explain:	gram? Please check: Yes No mmendations or restrictions that are ap	opropriate for your patient in this exercise
program:		
•	evelopmental, cognitive and/or physical ictions or limitations that are appropria	al disabilities and identify any te for your patient in this exercise program:
My patient, program with the Jewish restrictions stated above	Community Center Personal Training	pproval to begin/continue an exercise Department with the recommendations or
Physicians name/phone	number PI	nysician's Signature
		The J Fitness/Youth Orientation Attn: Bernie Suddarth

Attn: Bernie Suddarth
2 Millstone Campus Dr.
St. Louis, MO 63146

Bernie Suddarth Fitness Director





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