

NORTHEASTERN UNIVERSITY  
Campus Recreation  
140 Marino Center  
Boston, MA 02115

## Fitness and Instructional Programs – Physician Approval Form

### Section I: Medical Information Release

*(To be completed by participant)*

NAME: ( please print ) \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY/ STATE/ ZIP: \_\_\_\_\_

Northeastern University's policy regarding registration for the Group Fitness, NU-OPPS, and Personal Training Program states that all Northeastern full-time students 35 and older as well as **all** faculty, staff, alumni, part-time students and all others who have purchased a Campus Recreation membership are required to submit a completed Physician Approval form prior to participation. Participation is contingent upon your physician's approval / disapproval.

I hereby give my physician permission to release any pertinent medical information from my medical records to the staff of Northeastern University. I understand that this information will be kept confidentially.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Section II: Physician Approval

*(To be completed by participant's physician)*

Dear Physician:

Your patient, named above, has expressed an interest in participating in our Fitness and or Instructional Programs. Descriptions of each program are listed on the back of this form. Participants are free to register for the programs of their choice.

Please select the appropriate statement below concerning this patient.

**no restrictions apply as to type of class/training program**

**the following restrictions should apply:** \_\_\_\_\_  
\_\_\_\_\_

**participation is not recommended at this time** (If checked, patient will be denied participation)

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN NAME: ( print, type, or stamp ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Questions or comments can be directed to the Campus Recreation Office, (617) 373-2668  
Or FAX form to (617) 373-5000.

## Program Descriptions

### **Group Fitness:**

Participants are led through a variety of classes by a trained instructor. The classes are designed to improve fitness levels and focus on cardiovascular, muscular, and flexibility training; or a combination of all three. Each class will begin with a warm up and stretch to prepare the body for exercise. They will conclude with a cool-down and stretch to redistribute blood flow and transition back to daily activity. Classes may include repetitive low to high impact moves that will result in elevations of heart rate, and blood pressure; or a series of moves that will target the core and challenge both mind and body. In all classes the instructors have been trained to modify techniques to be appropriate for each individual's ability.

### **Personal Training:**

Participants meet one-on-one with a personal trainer who designs an individualized fitness plan based on an initial evaluation of cardiovascular fitness, muscular strength, body composition, flexibility, and a functional movement analysis. Prior to this evaluation participants will fill out a health history form and discuss his/her goals, so that an appropriate training regimen can be designed.

### **NU-OPPS (Non-Credit Instructional Programs)**

NU-OPPS- offers a diverse blend of Non-Credit classes in ***Martial Arts, Individual / Dual Sports, Body-Mind-Spirit, and Dance***. The classes are designed to be progressive in nature, in the sense, that each class builds on the knowledge and training from the previous class. The Instructors of these classes are trained professionals in their respective disciplines and are cognizant of the safety precautions necessary to minimize injury. However, it is also the responsibility of the participant to communicate information medical or otherwise that might preclude the participant from involvement in a particular class.