



COMMIT TO BE FIT (CTBF) – PARTICIPANT DATA FORM

Name (please print)	Gender	Date
Email Address (please print neatly)		
Birthdate & Age	Phone #	Emergency Contact & Phone #
<p style="text-align: center;">Do you wish to participate in:</p> <p style="text-align: center;">Semi-Private* or Group-Based Training</p> <p style="text-align: center;">(Please circle one or both. <i>*Note: Due to limitations in resources, semi-private is available for current staff and faculty only.</i>)</p>	<p>If you chose Semi-Private training, please circle which days you wish to attend (<i>Note: You will be required to commit to 2 days/week of semi-private training.</i>):</p> <p style="text-align: center;">Monday/Wednesday or Tuesday/Thursday</p>	
<p>Days you plan to attend each week (Please circle all that apply.)</p> <p style="text-align: center;">Monday – Tuesday – Wednesday - Thursday</p>	Occupation	
<p>Do you have diabetes?</p> <p><input type="checkbox"/> YES*</p> <p><input type="checkbox"/> NO</p> <p><i>(*A “yes” response will require a physician clearance prior to participating in CTBF)</i></p>	Please briefly explain any musculoskeletal problems or other physical limitations	
Fitness & Wellness Goals	What type of physical activity do you like to do?	
Is there anything else you would like us to know about you? If so, please explain.		

<p>Which of the following <i>best</i> describes you?</p> <p>Personality</p> <p><input type="checkbox"/> Introverted - a thinking, listening person. <input type="checkbox"/> Extroverted – an outgoing, talking person.</p> <p>Energy Level</p> <p><input type="checkbox"/> High energy – I’m enthusiastic! <input type="checkbox"/> Quiet energy – I’m calm.</p> <p>In Groups</p> <p><input type="checkbox"/> I like to be the one “on stage.” <input type="checkbox"/> I like to work “behind the scenes.”</p>	<p>Exercise Experience</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Fitness Level</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>What exercise intensity do you prefer?</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>
<p>Are you interested in receiving more information about:</p> <p>Body Fat Assessment? YES NO</p> <p>Diet Analysis? YES NO</p> <p>Weight Management? YES NO</p>	

Your answers to the following questions will help us to better market the CTBF program.

1. I am a current CSUN (circle one)

- A) Student
- B) Staff
- C) Faculty
- D) Other, please specify: _____

2. I work / study in the CSUN _____ department (if applicable).

3. I have participated in the CSUN Faculty/Staff Fitness Program (CTBF or KIN 336/L)

- A) Once before (semester/year): _____ / _____
- B) Twice before: (Sem./Year): _____ / _____; _____ / _____
- C) More than two times: _____
- D) This is my first time: _____

4. I heard about CTBF through:

- A) CSUN Human Resources
- B) The CSUN Institute of Community Health and Wellbeing
- C) The CSUN Alumni Association
- D) The CSUN Fee Waiver Program
- E) A flyer (Where did you get the flyer? _____)
- F) Other, please specify: _____