



COMMIT TO BE FIT (CTBF) – SUMMER DATA FORM

Name (please print)	Gender	Date
Email Address (please print neatly)		
Birthdate & Age	Phone #	Emergency Contact & Phone #
Days you plan to attend each week (Please circle all that apply.) <p style="text-align: center;">Tuesday – Thursday</p>	Occupation	
Do you have diabetes? <input type="checkbox"/> YES* <input type="checkbox"/> NO <i>(*A “yes” response will require a physician clearance prior to participating in CTBF)</i>	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.		

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

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: _____