



City of Alpharetta Recreation & Parks

...providing the highest quality recreational opportunities through the development of both active and passive programs and facilities to promote the physical, social, and mental wellness of its citizens.

Alpharetta Adult Activity Center at North Park

Fitness Room

INFO:

Phone: (678) 297-6140

Fax: (678) 297-6141

activeadults@alpharetta.ga.us

www.alpharetta.ga.us/recreation

BEFORE YOU BEGIN!

1. Complete a City of Alpharetta Recreation and Parks Department Activity Registration Form (must be updated annually)
2. Complete a Health History and Medical Release Form (must be updated annually)
3. Orientation is mandatory before using the Fitness Room (contact a full time employee to set up an initial orientation)
4. Read and understand Fitness Room Courtesies
5. Complete the sign-in sheet prior to each visit.

FITNESS ROOM HOURS OF OPERATION

Mondays:	8:00 am to 8:00 pm
Tuesdays-Thursdays:	8:00 am to 4:30 pm
Fridays:	8:00 am to 4:00 pm
Saturdays:	9:00 am to 3:00 pm

NOTE: The fitness room will not be available for use during scheduled computer classes. See monthly calendar for class dates/times. The fitness room will not be available for use during facility rentals.

FITNESS ROOM COURTESIES

In an effort to make your experience enjoyable, we would appreciate your following the guidelines of fitness etiquette for the benefit of all who use the facility. **Please,**

1. Respect other people's space. Do not stretch, walk or exercise where your presence would interrupt someone else's routine. If someone is working out on a piece of equipment, allow them to continue without having to stop their routine in order for you to pass or workout. Space yourself!
2. Conversely, do not stretch or work out in a space usually used for passage to other equipment or entrance or exit to the fitness room
3. Appreciate the fact that all exercise equipment has a use limit of thirty (30) minutes per machine. If the fitness room is sparsely populated and there is no one waiting for your equipment, you may continue until another person signs in for that particular piece of equipment. At that point, please discontinue your program and relinquish the machine to the next in line.
4. If waiting to use a piece of equipment, sign in on the white (dry-erase) board and wait for vacancy. It is permissible to inquire how much longer the person will be using the equipment, but do not "hover" around the person exercising until they are finished. Respect their space.
5. Bring a bottle of water if you like, but make sure the top is secured. Clean up any spills

6. Before turning fans off /on or repositioned, confer with those in the vicinity if it is permissible to do so.
7. Wipe off all equipment after use with the sanitary wipes and/or disinfectant provided.
8. Enter and exit through the main door. Do not use the emergency exit except in an emergency. Do not prop open the emergency exit door.

THANK YOU!!!

CARDIOVASCULAR TRAINING

- FREQUENCY:** 3 to 5 days per week
- INTENSITY:** 40% to 60% of maximum heart rate
- TIME:** 30 to 60 minutes per day
- TYPE:** Walking, jogging, swimming, biking, hiking, stepping, rowing, etc.

WHAT IS AEROBIC/CARDIOVASCULAR TRAINING?

CARDIOVASCULAR ENDURANCE: The ability to perform large muscle, dynamic and moderate to high intensity exercise for prolonged periods of time.

BENEFITS OF CARDIOVASCULAR ENDURANCE:

- Reduction in blood pressure
- Increased HDL (“good cholesterol”)
- Decreased total cholesterol
- Decreased body fat stores
- Increased aerobic work capacity
- Increased heart function
- Reduction in diabetic symptoms
- Decreased clinical symptoms of anxiety, tension, and depression
- Possible reduction of incidence of death for heart attack patients

CARDIOVASCULAR TRAINING GUIDELINES

WARM-UP: A proper warm-up is recommended to prepare your muscles and joints for more vigorous exercise and reduces your

chances for injury. Perform low intensity movements for 5 minutes to increase blood flow and core body muscle temperature.

- Remember: A warm muscle will stretch more readily and with less chance of injury than a muscle that is cold.

COOL-DOWN: Immediately following your workout, perform 5 minutes of a light to moderate tapering off activity. This cool down may consist of the same activities used in the warm up but a lower intensity.

FLEXIBILITY: The American College of Sports Medicine recommends static stretching (with major emphasis on lower back and thigh area) at least three days a week, to a position of mild discomfort, 3 to 5 repetitions with each stretch being held for 10 to 30 seconds.

SAFETY PRECAUTIONS: Wear loose, comfortable clothing and athletic shoes. Before beginning any exercise program, please consult with your physicians to determine exercise intensity based on medications that may influence heart rate and risk of cardiovascular or orthopedic injury. The City of Alpharetta does not provide a room supervisor or fitness trainer on-site. Use of the equipment is at your own risk.

City of Alpharetta Recreation and Parks Department
Health History Form

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Health History: Do you now or have you ever had:	Yes	No
1. History of heart problems, chest pain or stroke?	_____	_____
2. Increased blood pressure?	_____	_____
3. Any chronic illness or condition?	_____	_____
4. Difficulty with exercise?	_____	_____
5. Advisement from physician not to exercise?	_____	_____
6. Recent surgery (last 12 months)?	_____	_____
7. Shortness of breath?	_____	_____
8. Muscle, joint or back problem?	_____	_____
9. Diabetes or thyroid condition?	_____	_____
10. Cigarette smoking habit?	_____	_____
11. Obesity (more than 20% over ideal weight)?	_____	_____
12. Increased history of blood cholesterol?	_____	_____
13. Hernia or any condition that would be aggravated by lifting weights? _____	_____	_____
14. Have you been diagnosed with arthritis? _____	_____	_____
If yes, describe type & symptoms _____		

15. Have you fractured any bones within the past year? _____	_____	_____
If yes, which bone and on what date? _____		

16. Have you been hospitalized in the past year? _____	_____	_____
If yes, why? _____		

17. Have you had any new illnesses or injuries within the past year? _____
If yes, please describe: _____

Activity History: Please rate your physical activity level during the last year:

- _____ LITTLE – Sitting, typing, driving, talking – No planned exercise
- _____ MILD – Standing, walking, bending, reaching
- _____ MODERATE – Standing, walking, bending, reaching, exercise 1 day per week
- _____ ACTIVE – Light physical work, climbing stairs, exercise 2 – 3 days per week
- _____ VERY ACTIVE – Moderate physical work, regular exercise 4 or more days per week

Please list the exercise / recreational activities that you are currently involved in and the frequency _____

Please list all the medications you are currently taking: Include those prescribed by you physician as well as any over-the-counter medications: _____

Below is a list of activities. Please check the appropriate column describing your ability to perform these tasks:

	No Difficulty	Some Difficulty	Cannot Perform
Combing / washing hair	_____	_____	_____
Showering	_____	_____	_____
Bathing in tub	_____	_____	_____
Getting up from chair	_____	_____	_____
Climbing stairs	_____	_____	_____
Walking on level ground	_____	_____	_____
Carrying grocery bag	_____	_____	_____
Preparing meals	_____	_____	_____
Making / stripping bed	_____	_____	_____
Light Sports i.e. bowling, shuffleboard	_____	_____	_____

I have read and understand the previous questions and have listed to the best of my ability an accurate representation of my current health status. I am in good general health and have no limitations other than those listed above which might predispose me to risk during an exercise program. I will notify the Alpharetta Adult Activity Center of any changes in my medications or health status immediately.

Signed: _____

Date: _____

City of Alpharetta Recreation & Parks Department
Alpharetta Adult Activity Center Medical Release Form

Phone Number (678) 297-6140

Fax Number (678) 297-6141

Email: activeadults@alpharetta.ga.us

Dear Doctor:

Your patient _____ wishes
to begin unsupervised, independent use of our fitness room. This may involve the
following forms of exercise:

1. Cardiovascular (aerobics) exercises, treadmills and/or stationary cycles at a low to moderate intensity for 3 – 5 days per week
2. Resistance training using circuit weight training equipment and/or light dumbbells at low to moderate intensity 2 – 3 days per week.
3. Stretching at low to moderate intensity every day.

If your patient is taking medication that will affect their heart rate response to exercise, please indicate the manner of the effect (i.e. Raises, lowers, has no effect on heart response).

Type of medication: _____

Effect: _____

Contraindications: _____

What would be emphasized in this program for your patient and their condition? Please check all that apply:

Flexibility exercises _____ Aerobic / Endurance Activities _____
Resistance Training _____

For Physician Only:

_____ has my approval to begin
exercise with the recommendations or restrictions stated above.

Physician Signature for Approval: _____

Date: _____

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I decline the responsibility to be cleared by my physician to exercise in the Fitness Room at the Alpharetta Adult Activity Center at North Park. I totally absolve the City of Alpharetta Recreation & Parks Department and the City of Alpharetta from any and all liability related to the Fitness Room and/or exercise equipment.

Signature: _____ Date: _____