Personal Training Client Information Form

(Completed by NEW clients only)

(Office use only)
Assigned Trainer: _____

Personal Information:

Name:_____ Please Check One: Dr.__ Rev.__ Mr.__ Ms.__ Mrs.__

Student_____ Faculty/Staff_____ Partner-Student _____ Partner-Fac/Staff_____ Affiliate_____

Date of Birth:_____ Datatel#:_____

Address: _____ Phone:_____

City:_____ Alt. Phone:_____

State:_____ ZipCode:_____ Email: _____

(Email will be the primary form of contact for trainers)

Emergency Information:

Name:_____ Relation: _____

Phone:_____ Alt. Phone:_____

Session Information:

(All Sessions and Packages include one free Assessment Session)

Individual Session: ____ Weight Room Orientation:_____

Individual Session Packages: 6_____ 13_____ 21_____ 30_____

Tag Team Session Packages: 6_____ 10_____ 12_____ Tag Team Partner:_____

(Please have each Tag Team member complete their own Personal Training Client Information Form)

*Personal Well-U Session: 6 (+ one free post assessment) _____

Trainer Preference: _____ Preferred Trainer's Gender:_____

(Name your preferred trainer; if unknown just leave blank)

PLEASE TURN THESE FORMS TO THE CAMPUS RECREATION FRONT DESK

Elon Campus Recreation

Client Availability Form

Please cross out/fill in all times in which you are **AVAILABLE** for a training session. If you must mark off increments of 15 minutes; please cross out/fill in half of a box. Sessions will only be scheduled during open hours of recreation. Please check the website for hours outside of normal operations*. All Sessions will be 1 hour in length *(except the assessment).*

Please list the preferred times you'd like to train here: _____

_____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 – 6:30a							
6:30-7a							
7-7:30a							
7:30-8a							
8-8:30a							
8:30-9a							
9-9:30a							
9:30-10a							
10-10:30a							
10:30-11a							
11-11:30a							
11:30-12p							
12-12:30p							
12:30-1p							
1-1:30p							
1:30-2p							
2-2:30p							
2:30-3p							
3-3:30p							
3:30-4p							
4-4:30p							
4:30-5p							
5-5:30p							
5:30-6p							
6-6:30p							
6:30-7p							
7-7:30p							
7:30-8p							
8-8:30p							
8:30-9p							
9-9:30p							
9:30-10p							
10-10:30p							
10:30-11p							
11-11:30p							
11:30-12a							

*Normal Hours of Operation: Monday – Friday 6a to midnight, Saturday 10-10p, & Sunday 10-12a

Elon Campus Recreation

Client/Trainer Agreement Form & Assessment Accord

Client/Trainer Agreement

I, the undersigned client, agree to the following terms of the personal training program session package.

- The client has purchased a package of _____session.
- All sessions must be paid in full before workout sessions may begin.
- The client will cancel a session 24hours in advance for the session to be rescheduled.
- The client has 6 months from today to use all sessions within their original package.
- Trainer will communicate with the client on a regular basis to ensure that the client's goals and needs are being met.
- The client has a right to another trainer if unsatisfied and should direct all contact concerning complaints or alternate trainers to the Associate Director of Campus Recreation, Debbie Norris.
- The client and trainer will both work to ensure that communication is promptly returned.

_____	_____	_____
Client Name Printed	Client Signature	Date
_____	_____	_____
Trainer Name Printed	Trainer Signature	Date

Fitness Assessment Accord

I, the undersigned client, am about to participate in a Fitness Assessment performed by a Personal Trainer at Elon University Campus Recreation. I understand that the following will take place.

- Heart Rate Check
- Blood Pressure Check
- Body Composition Test (Skinfold Measurements)
- Aerobic Testing on a treadmill, track, bike or step
- Push-up Test to failure
- One Minute Sit-Up Test
- Sit and Reach Flexibility Test

I understand that with any form of physical activity there is a risk to my health and body. I could suffer from anything as minor as muscle soreness to serious injury and even death from participating in physical activity that requires me to exert myself. I am capable of completing each of these tests. I understand that I can stop any of the tests at any time that I choose. I have had each of these tests explained to me and willingly agree to participate in these tests.

_____	_____	_____
Client Name Printed	Client Signature	Date
_____	_____	_____
Trainer Name Printed	Trainer Signature	Date

Personal Training Exercise History & Readiness Form

REC
ELON CAMPUS RECREATION

Personal Information:

Name:_____ Please Check One: Dr.__ Rev.__ Mr.__ Ms.__ Mrs.__

Student_____ Faculty/Staff_____ Partner-Student _____ Partner-Fac/Staff_____ Affiliate_____

Date of Birth:_____

Client History Information:

Are you taking any medications or drugs? If so, please list the medication, dose and reason.

_____

_____

Have you ever participated in sports, dance, recreational or competitive activities in the past? Please list.

_____

_____

Have you ever had a major injuries or surgery (recently or in the past)?

_____

_____

Activity Information:

Is your doctor aware that you are participating in this activity program?

_____

_____

What activities do you enjoy doing?

_____

_____

Describe any physical activity you do somewhat regularly.

_____

_____

Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?
(If yes, please explain) _____YES _____NO

_____

_____

How do you feel about entering a fitness facility? (Check all that apply)

____ apprehensive ____ scarred ____confident ____ excited ____ashamed ____self-aware ____self conscious

____ anxious ____ neutral ____ready ____overwhelmed ____other (please list below)

_____

When you exercise how important is competition?

_____

_____

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
☐	☐	**1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?**
☐	☐	**2. Do you feel pain in your chest when you do physical activity?**
☐	☐	**3. In the past month, have you had chest pain when you were not doing physical activity?**
☐	☐	**4. Do you lose your balance because of dizziness or do you ever lose consciousness?**
☐	☐	**5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**
☐	☐	**6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
☐	☐	**7. Do you know of <u>any other reason</u> why you should not do physical activity?**

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

<u>Informed Use of the PAR-Q</u>: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____
or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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