

## Campus Recreation

Fitness

### *Personal Training Registration Form*

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#### **CLIENT INFORMATION AND REGISTRATION PACKET**

Welcome to Campus Rec at Towson University!!!

Thank you for your interest in our Personal Training program. If you choose to participate you will be paired with one of our nationally certified personal trainers that will help you reach your fitness and exercise goals.

All information submitted in this packet will be kept confidential. Client information will only be accessed by appropriate Campus Rec staff, which includes your current personal trainer and the Associate Director, Programs.

If you're ready to get started, please follow these steps:

1. Pick up and complete the Personal Training Registration Packet. If you are unsure about any information your trainer can assist you during your consultation.
2. Head to the Campus Recreation Main Office in Burdick Hall to complete payment and registration on or after February 12, 2016.
4. Your personal trainer will contact you within 48 hours to set up your consultation/fitness assessment.
5. Please come dressed to work out for your first session. Please no jeans or open toed shoes.

If you have any further questions please contact Katie White, Associate Director-Programs and Assessment at 410.704.3598 or [kwhite@towson.edu](mailto:kwhite@towson.edu).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number/Cell Phone: \_\_\_\_\_ Best hours to be reached: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ TU ID #: \_\_\_\_\_

TU Affiliation: Undergrad Student      Grad Student      Alumni      Faculty/Staff

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

**INDIVIDUAL TRAINING PACKAGE OPTIONS (circle one)**

Bronze: 3 sessions, \$60 student/\$75 non-student  
Silver: 5 sessions, \$85 student/\$105 non-student  
Gold: 10 sessions, \$155 student/\$195 non-student  
Tiger: 15 sessions, \$225 student/\$280 non-student

**GROUP TRAINING/TWO PERSON PACKAGE OPTIONS (circle one)**

Bronze: 3 sessions: \$90 (\$45/person)      Silver: 5 sessions: \$140 (\$70/person)  
Gold: 8 sessions: \$210 (\$105/person)      Tiger: 10 sessions: \$260 (\$130/person)

\*\*All packages begin with a fitness assessment and consultation on the first session.  
Packages are non-refundable and must be used within 190 days of purchase.\*\*

**CANCELATION POLICY**

There is no penalty for training sessions cancelled before 2 hours of your scheduled training time. Failure to show up to a scheduled training session or tardiness of more than 10 minutes will result in the loss of your training session. Please contact your trainer directly or, call our Main Office at (410) 704-2367. Thank you for your cooperation.

Participant Signature: \_\_\_\_\_

**IDEAL TRAINING TIMES**

(Write time under the days you would prefer to train)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

Trainer Preference: \_\_\_\_\_

## Personal Fitness Evaluation

Please fill out this form thoroughly and completely. If you have any questions, feel free to ask our staff for assistance. Please be as honest as possible in your responses.

1. Do you have any negative feelings toward or have you had any bad experiences with physical activity programs?

2. Do you have any negative feelings toward or have you had any bad experiences with fitness testing and evaluation?

3. Rate yourself on a scale of 1 to 5, with 1 indicating the lowest value and 5 the highest. Circle the most applicable to you.

Characterize your present athletic ability:

Characterize your present cardiovascular capacity:

Characterize your present muscular capacity:

Characterize your present level of flexibility:

4. Are you currently involved in regular exercise?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type of exercise: \_\_\_\_\_

5. What types of activities interest you?

6. Do you enjoy participating in activities alone or in a group?

7. What barriers do you think have prevented you in the past from beginning or adhering to an exercise program?

Rank your goals in undertaking exercise from 1 to 10, with 1 being the most important to you.

\_\_\_\_\_ Improve cardiovascular fitness

\_\_\_\_\_ Reduce body fat level

\_\_\_\_\_ Reshape or tone my body

\_\_\_\_\_ Improve flexibility

\_\_\_\_\_ Lose weight

\_\_\_\_\_ Gain Weight

\_\_\_\_\_ Exercise Ideas/Refresher

\_\_\_\_\_ Increase strength

\_\_\_\_\_ Increase energy level

\_\_\_\_\_ Other (please explain)

## Physical Activity Readiness Questionnaire (PAR-Q) and You

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:

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

|                                 |  |
|---------------------------------|--|
| <b>If<br/>you<br/>answered:</b> | <b>YES to one or more questions</b>  |
|                                 | <p>Talk to your doctor by phone or in person <b>BEFORE</b> you start becoming much more physically active or <b>BEFORE</b> you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Find out which community programs are safe and helpful for you.</li> </ul> |
|                                 | <b>NO to all questions</b>   |
|                                 | <p>If you answered <b>NO</b> honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> <li>Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.</li> <li>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.</li> </ul>   |
|                                 | <p><b>Delay becoming much more active:</b></p> <ul style="list-style-type: none"> <li>If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or</li> <li>If you are or may be pregnant – talk to your doctor before you start becoming more active.</li> </ul>   |
|                                 | <p>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.</p>   |

Informed use of the PAR-Q: Reprinted from ACSM's Health/Fitness Facility Standards and Guidelines, 1997 by American College of Sports Medicine

**TOWSON UNIVERSITY CAMPUS RECREATION  
FITNESS PROGRAM—PERSONAL TRAINING  
AGREEMENT, WAIVER, HOLD HARMLESS AND COVENANT NOT TO SUE**

Name (printed or typed): \_\_\_\_\_

**Notice: This Agreement is a contract with legal consequences. Read it carefully before signing!**

In consideration of my participation in Personal Training from January 1, 2016 to December 31, 2016, inclusive, I hereby freely agree to make the following contractual representations and agreements:

I fully realize the dangers of participating in an event of this type and voluntarily assume all the risks associated with such participation. I understand the risks include, by way of example, and not limitation, the following: Accidents may happen while traveling in vehicles to event locations including provided transportation, car pools, bicycles, and walking. Injuries could result in concussion, broken bones, contusions, torn muscles or tendons, strains, sprains, cuts, pinched fingers, neck and spinal injuries, psychological trauma, hospitalization, and or death. I recognize that exercise is not without some risk to the musculoskeletal system (e.g. sprain, strain, tear, break) and cardio respiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort breathing, abnormal blood pressure response, and in rare instances, heart attack, or stroke). I understand that it is my responsibility to report immediately to any Towson University Personal Trainer if there are any signs or symptoms of discomfort and/or distress during or following exercise.

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named events. With these demands in mind, I have no physical or mental condition, which to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in the event. I also agree to abide by any established rules or regulations while engaged in this activity, and with the directions and precautions given by leaders and/or instructors.

I understand that Towson University has no duty to provide any extraordinary duties or safety measures in relation to this activity and that I must use reason and judgment in my undertakings hereunder. I consent to Towson University providing emergency health assistance if it is determined necessary in its discretion, and consent to Towson University contacting my emergency contact for notification.

**I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the "Releases") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Releases or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releases from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releases from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activities, whether caused by the negligence of Releases or otherwise.**

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

I hereby certify that I have Health Insurance. My insurance company is: \_\_\_\_\_

**I have carefully read this form and fully understand its contents. All information I have provided is true. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity, and a contract between myself and Towson University and for the benefit of others described herein, I sign it of my own free will.**

\_\_\_\_\_  
Participant's Signature Printed Name Date

\_\_\_\_\_  
Witness's Signature Printed Name Date

## **Fitness Assessment Preparation Guidelines**

In order to assure that the results of your fitness assessment are as accurate as possible, please review the following guidelines. Your assessment will be given on the assumption that you have followed the recommendations.

1. Wear loose fitting clothes (jogging attire, shorts, training shoes, etc).
2. Avoid eating or drinking for 3 hours before your assessment.
3. Avoid alcohol, tobacco, and coffee for at least 3 hours before your assessment.
4. Avoid exercising on the same day as your assessment. Exercise will elevate your blood pressure and resting heart rate – invalidating these measures.

Your fitness assessment will consist of measurements of one or more aspects of your health and fitness. It may include your weight, cardiovascular condition (resting and exercise heart rate and performance), body composition, musculoskeletal condition, blood pressure, and body size (circumferences). The objective of your first assessment is to give you a baseline from which to measure your performance. Subsequent assessments will provide milestones help you evaluate your progress.