Recreational Sports

Student Affairs

UNIVERSITY OF GEORGIA

FOR OFFICE USE:
Accepted By: _____
Amount Paid: _____

Personal Training New Client Schedule Form

(Please print packet single-sided. To be completed by at time of payment & returned to Rec Sports Office.)

Client Name: _____ UGA ID #: _____
Client Phone: _____ Client E-mail: _____
Personal Trainer's Name (if applicable): _____
Today's Date: _____ Number of sessions per week: _____
Preferred training days and times:

Days: _____ Times: _____

Returning Client (Please Circle) Y / N If yes, date of last training session:_____

Fitness Assessments ONLY:

- ☐ Body Composition Test ($5)
- ☐ Polar Body Age Fitness Assessment (Required for new clients)
  - ☐ $35 Student
  - ☐ $45 Faculty/Staff
  - ☐ $55 Alumni

Individual Personal Training Packages:

*Each package includes an initial consultation (1 hour in length) prior to the first personal training session. No refunds will be issued after initial purchase.

Student:	Faculty/Staff:	Alumni:
☐ Single hour session ($35)	☐ Single hour session ($40)	☐ Single hour session ($45)
☐ 3 1 hour sessions ($85)	☐ 3 1 hour sessions ($90)	☐ 3 1 hour sessions ($105)
☐ 6 1 hour sessions ($155)	☐ 6 1 hour sessions ($170)	☐ 6 1 hour sessions ($180)
☐ 9 1 hour sessions ($215)	☐ 9 1 hour sessions ($235)	☐ 9 1 hour sessions ($250)
☐ 12 1 hour sessions ($265)	☐ 12 1 hour sessions ($290)	☐ 12 1 hour sessions ($315)
☐ 15 1 hour sessions ($300)	☐ 15 1 hour sessions ($330)	☐ 15 1 hour sessions ($360)
☐ 20 1 hour sessions ($360)	☐ 20 1 hour sessions ($400)	☐ 20 1 hour sessions ($440)

Buddy Personal Training Packages:

Student:	Faculty/Staff:	Alumni:
☐ Single hour session ($45)	☐ Single hour session ($50)	☐ Single hour session ($55)
☐ 3 1 hour sessions ($125)	☐ 3 1 hour sessions ($135)	☐ 3 1 hour sessions ($150)
☐ 6 1 hour sessions ($230)	☐ 6 1 hour sessions ($240)	☐ 6 1 hour sessions ($250)
☐ 9 1 hour sessions ($325)	☐ 9 1 hour sessions ($340)	☐ 9 1 hour sessions ($360)
☐ 12 1 hour sessions ($405)	☐ 12 1 hour sessions ($430)	☐ 12 1 hour sessions ($455)
☐ 15 1 hour sessions ($480)	☐ 15 1 hour sessions ($510)	☐ 15 1 hour sessions ($540)
☐ 20 1 hour sessions ($600)	☐ 20 1 hour sessions ($640)	☐ 20 1 hour sessions ($680)

OFFICE USE ONLY (To be completed by Business Office):

Payment Amount Taken in Rec Sports Office?

☐ $:_____ Date:_____

Payment Type:

- ☐ Credit Card
- ☐ Check
- ☐ Cash

New Client Forms Completed?

- ☐ Personal Training Packet
- ☐ Medical Clearance Form (if applicable)
- ☐ Waiver of Medical Clearance (if applicable)

Receptionist Name: _____

Recreational Sports

Student Affairs

UNIVERSITY OF GEORGIA

FOR OFFICE USE:

# of Sessions: _____

Amount Paid: _____

Payment Method: _____

Cashier's Initials: _____

Client Assumption of Risk and Responsibility

NAME _____ UGA ID _____

PERSONAL TRAINING

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(Read carefully before signing)

I, the undersigned, hereby acknowledge my awareness that my participation in a University of Georgia Department of Recreational Sports class, event, or instruction or program may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, water aerobics, other water fitness training activities, martial arts, strength training, boot-camp training, swimming, diving, practicing CPR and other First Aid, and practicing water rescue skills. It may also involve training activities which use various types of athletic equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope, kick board, swim paddles, water exercise belt, elastic bands, various hand buoys and/or other strength and conditioning and resistance equipment. It may also involve training activities which use various types of resuscitation equipment which include, but are not limited to, the following: personal protective equipment such as gloves and breathing barriers, CPR manikins, gauze, triangular bandages and Automatic External Defibrillators (AEDs).

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; drowning; exposure to warm or cold water; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports program and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, and any participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

_____ _____

SIGNATURE OF PARTICIPANT DATE

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Personal Training Client Information

General Client Information

First Name:_____ **Last Name:**_____

Address:_____ **Phone:**_____

City, State, Zip:_____

E-mail:_____ **UGA ID:**_____

Sex: M/F **Age:**_____ **DOB:** ____/____/_____

Physician:_____ **Physician Phone:**_____

Physician Address:_____

Emergency Contact

Name:_____

Emergency Contact Relation:_____ **Emergency Contact Phone:** _____

Exercise History (Please circle)

Have you exercised regularly 3 times a week, for at least 3 weeks, in the last 3 months?

Y / N

Do have previous experience lifting weights? Y / N

Rate your activity level: Highly Active Moderately Active Lightly Active Inactive

Rate your stress level: High Moderate Low

Rate your motivation for exercise: High Moderate Low

Rate your knowledge regarding exercise and fitness: High Moderate Low Very Low

Explain your physical activity in the past:

6 months:_____

2 years:_____

10 years:_____

How much time a day are you willing to devote to an exercise program?

Minutes/day:_____ Days/week:_____

What types of exercise do you enjoy or would you like to try?

____Walking/jogging ____Stationary bike ____Hiking/rock climbing

____Weight training (machines) ____Racquetball ____Team sports

____Swimming/water activities ____Tennis ____Rowing

____Cycling (indoor/outdoor) ____Yoga ____Free weights

____Aerobics class ____Stretching ____Sport conditioning

____Other (please describe below)

_____

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Personal Training Client Information

Health History

Name: _____Date: _____/_____/_____

The American College of Sports Medicine (ACSM) recommends that individuals who are at moderate or high risk of cardiovascular disease and wish to participate in vigorous exercise contact their physician prior to starting a program. This form will help assess your relative risk for cardiovascular disease and determine if medical clearance prior to exercise is recommended.

We strongly advise a physical examination prior to initiating or restarting an exercise program.

A **"yes"** answer to any of the following questions, or abnormal findings during your assessment may necessitate further evaluation and medical clearance prior to completing your assessment and developing or implementing your exercise program.

Please check ☑ the appropriate box to the left. **Please Note: (?? = Don't Know).**

Stage I* – *Known Diseases or Medical Conditions.

YES

- ☐ Diabetes Mellitus? ☐**Non-Insulin Dependent** ☐**Insulin Dependent – # of years: _____**
- ☐ Stroke or have been diagnosed as having transient ischemic attack (TIA)?
- ☐ History of heart problems?
- ☐ Do you take medication for asthma or COPD, but continue to have shortness of breath?
- ☐ Are you pregnant, lactating or anticipating becoming pregnant?
- ☐ Any other physical reason that might prevent you from exercising? Please circle if applicable. (e.g., cancer, osteoporosis, severe arthritis, mental illness, diseases of the thyroid, kidney or liver).

***Note – "Yes" answer requires you complete the physician referral form and contact an administrator for a consultation.**

Stage II* – *Signs and Symptoms – Do You Have or Have You Had In The Past:

YES

- ☐ Chest pain or pain in surrounding areas, especially during exercise?
- ☐ Fainting or spells of severe dizziness during exercise?
- ☐ Unusual fatigue or shortness of breath at rest or with mild exertion?
- ☐ Episodes of shortness of breath that occur after exercising?
- ☐ Episodes of shortness of breath awakening you at night?
- ☐ Swelling around your ankles?
- ☐ Sensation of rapid, racing, or skipping heartbeat, either at rest or during exercise?
- ☐ Recurring calf pain during exercise, which is not due to soreness or stiffness?
- ☐ Heart murmur diagnosed by a physician?

***Note – "Yes" answer requires you complete the physician referral form and contact an administrator for a consultation.**

Stage III* – *Cardiac Risk Factors

YES

- ☐ Do you have a family history of heart disease in biological father or brothers before age 55?
- ☐ Do you have a family history of heart disease in biological mother or sisters before age 65?
- ☐ Do you currently smoke or have you quit within the last 6 months?
- ☐ Diagnosis of high blood pressure (e.g. systolic >140 or diastolic >90) **OR** on medication for it?
- ☐ Do you accumulate 30 minutes of moderate physical activity (e.g., walking) at least 5 days a week?
- ☐ Do you have Total Cholesterol greater than 200 mg/dl?
  - ☐ a. **or** HDL < 40 mg/dl?
  - ☐ b. **or** are you on medication for high cholesterol?
  - ☐ c. Is your HDL > 60mg/dl? (Note this is a NEGATIVE risk factor)
- ☐ Enter your age: _____ Please circle: Male Female

***Note – "Yes" answer requires you complete the physician referral form and contact an administrator for a consultation.**

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Personal Training Client Information

Health History

Stage IV – Current Exercise Patterns & Intentions

What are your current activity patterns?

a. Frequency: _____exercise sessions per week

b. Intensity: ☐ Sedentary ☐ Moderate ☐ Vigorous

c. History: ☐ < 3 months ☐ 3-12 months ☐ > 12 months

d. Duration: _____minutes per session

e. Types of Activity: _____

At what intensity do you intend to exercise?

☐ Moderate intensity – e.g., brisk walking ☐ Vigorous intensity – e.g., jogging/running

Note – A physician referral form is recommended IF >2 risk factors and IF vigorous exercise is intended (60-85% THR); refer to Stage IV, #2.

Stage V – Additional Medical Information – Do You Have Now or Have You Had In The Past:

YES

☐ Seizures, neurological disorder or take seizure medication?

☐ Sickle cell disease or trait?

☐ Recent surgery (past 6 months)?

☐ History of a back or cervical spine injury?

☐ Muscle or joint problem still affecting you (e.g., knees, shoulders, hips, feet)?

☐ Any permanent handicap or disability?

☐ Hernia or other condition that may be aggravated by lifting weights?

☐ Physician's advice ***NOT*** to exercise?

☐ Do you wear or ***SHOULD*** you wear a medical alert tag for a medical condition?

☐ Any other condition that you feel may be significant to your ability to perform vigorous exercise?

List any prescription medications, supplements or herbs taken at the present time:

_____

_____

If "YES" to ANY questions on this form, please provide a brief explanation:

_____

_____

AFFIDAVIT:

I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I understand that it is my responsibility to notify the Personal Trainer or Assistant Director of Fitness & Wellness in writing of any new medical condition(s) that develop, new medications that I have been prescribed or any supplements (including herbs) that I may take in the future. Further, I am solely responsible for requesting and completing a health history form annually.

Signature: _____ **Date:** _____/_____/_____

OFFICE USE ONLY- Review of Health History:

_____ Cleared – Full Assessment _____ Recommended medical clearance prior to exercise

_____ Limited – Partial Assessment _____ Medical release on file

Reviewed By: _____ Date: _____/_____ /_____

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Personal Training Physician Referral Form

(To be completed IF medical clearance is recommended)
This form permits the physician to release and discuss my medical history, current physical condition and an appropriate exercise program with the Department of Recreational Sports staff.

Participant's Name _____ Date _____
Age_____ Birth date_____ Office Phone_____
Address_____ Home Phone_____

The person listed above has applied to participate in an exercise program with the University of Georgia Department of Recreational Sports. An initial Health Risk screening has revealed that this individual should contact you prior to beginning this program. The risk factors that warranted this request for clearance include:

- ☐ Immediate Family History for heart disease
- ☐ Smoking; **or** cessation of smoking within last 6 months
- ☐ Hypertension **or** on medication for HBP
- ☐ High Cholesterol **or** on medication for high cholesterol
- ☐ Pregnancy
- ☐ Orthopedic
- ☐ Impaired Fasting Glucose**, or** reported diagnosis of Diabetes Mellitus (Type I or II)
- ☐ Obesity (BMI $\geq$ 30 **or** waist girth > 100 cm)
- ☐ Sedentary Lifestyle
- ☐ Presence of one or more signs/symptoms suggestive of CV or Pulmonary Disease *
- ☐ Male $\geq$ 45 **or** Female $\geq$ 55 years old *
- ☐ Other: _____

The American College of Sports Medicine recommends that individuals with the following criteria who wish to participate in a **vigorous exercise** program (60-85% target training zone) have a current medical examination and a diagnostic exercise test prior to beginning such a program.

1. Individuals who have a history of heart disease **or** who have known cardiovascular, pulmonary or metabolic disease.
2. Males over 45 years of age or females over 55 years of age.
3. Individuals of any age who have two or more of the risk factors mentioned above.

Physician— Does the physical condition of the above-referenced patient warrant a diagnostic exercise test prior to beginning a vigorous exercise program? ____Yes _____No

As a part of our program the individual will have one or more of the following fitness tests:
1) Flexibility assessment
2) Cardiorespiratory assessment (3 minute step test using YMCA protocol)
3) Muscle strength/endurance test

Recommendations / Limitations (consider the effects of medications upon heart rate &/or blood pressure). Based upon the current review of the health status of _____, I recommend:

_____ No physical activity
_____ Stress Training prior to beginning an exercise program
_____ Progressive physical activity
_____With the avoidance of:_____
_____ Other Specific Recommendations:_____
_____ Unrestricted physical activity – start slowly and build up gradually

Signed:_____,M.D. Date:_____
Name of Physician:_____ Phone:_____

RETURN TO: Lisa Williamson, Assistant Director for Fitness and Wellness, Department of Recreational Sports, 201 Ramsey Student Center, (706) 542-5060 (phone) 706) 542-5590 (fax)

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Personal Training Policies and Procedures

1. All personal training sessions will be provided by certified personal trainers holding current certifications. Personal Trainers will follow current exercise and physical activity guidelines as established by the American College of Sports Medicine (ACSM).
2. All Clients must be 18 years of age or older.
3. Clients may register for personal training sessions in the Recreational Sports office.
4. New client schedule forms must be completed and submitted to the Recreational Sports office with payment.
5. Clients must submit Personal Training packets to the Recreational Sports office at least 3 days prior to the initial Personal Training session (time needed for processing).
6. There is no guarantee that a specific Personal Trainer will always be available with each session or package purchased as employment status may change.
7. The Personal Trainer and the Department of Recreational Sports reserve the right to request medical clearance from a licensed medical professional if necessary.
8. Clients must immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
9. Personal Trainers will contact the Client to schedule the initial consultation.
10. The Client will meet his or her Personal Trainer at the mutually agreed upon place inside the Ramsey Student Center.
11. The Client will schedule all sessions prior to Personal Training sessions. These sessions may be rescheduled based on Client-Personal Trainer agreement.
12. During the initial consultation the Client will have the opportunity to ask questions.
13. Buddy Training is limited to two individuals. Both Clients must be present during buddy training sessions. If only one individual is present, a session will still be subtracted from the total number of sessions purchased. Proration will not be permitted.
14. Should the Personal Trainer arrive late, the Personal Trainers must make up the time lost with the Client at no additional charge. If the Personal Trainer must cancel a session, he or she will notify the Client 1 day in advance.
15. Late Clients will forfeit any session time lost based on his or her tardiness. Personal Trainers will wait no longer than 15 minutes for Clients. After 15 minutes, the session will be forfeited. Clients must provide cancellation notification at least 1 day in advance, or forfeit the session. No refunds will be issued.
16. Sessions purchased must be used within a 6 month period, after which they will be voided. Unused sessions will not be refunded.
17. A Client Satisfaction Survey will be e-mailed to the Client.
18. The Department of Recreational Sports reserves the right to adjust the schedule under any circumstance. The client will be notified by telephone under such circumstances.
19. No refunds will be issued.

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Personal Training Client/Trainer Agreement

The guidelines provided below are designed to ensure the relationship between the Personal Trainer and Client are clearly appreciated and understood.

Personal Trainer Responsibilities:

1. Perform an initial fitness assessment.
2. Design a safe and effective personalized program that meets the Client's needs and goals.
3. Provide guidance regarding proper exercise techniques.
4. Evaluate, monitor, and modify the personalized program based on the Client's changing needs.
5. Encourage, motivate, and support the Client in his or her identified goals.
6. Personal Trainers must make up the time lost with the Client at no additional charge.
7. If the Personal Trainer must cancel a session, he or she must notify the Client in writing 1 day in advance.
8. All Personal Trainers employed by the University of Georgia Department of Recreational Sports and may not accept direct or personal payment for his or her services.
9. All information will remain confidential unless written permission is given by the Client. The "need to know policy" will also be in effect.

Client Responsibilities:

1. Payment must be made out to the University of Georgia and should be received prior to the first Personal Training session. Clients must not compensate Personal Trainers directly for their services. No refunds will be issued.
2. All purchased sessions must be scheduled prior to the first session and may be adjusted based on Client-Trainer agreement.
3. Clients must adhere to all facility policies and procedures as agreed upon when signing the facility paperwork.
4. Clients will lose session time based on his or her tardiness. Personal Trainers will wait no longer than 15 minutes for Clients. After 15 minutes, the session will be forfeited.
5. Clients must provide cancellation notification at least 1 day in advance, or forfeit the session.
6. Clients must complete their Personal Training Packet prior to completing the first session with a Personal Trainer.
7. Clients must immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
8. Sessions purchased must be used within a 6 month period, after which they will be voided. Unused sessions will not be refunded.
9. Clients must abide by all Department of Recreational Sports rules and regulations. Failure to do so may result in the removal or denial of service to the Client without refund.
10. By signing below, the Client acknowledges and agrees that he or she has no limiting health conditions that would preclude participation in an exercise program (ex: Diabetes, Heart Disease, other cardiovascular conditions) and will immediately notify the Personal Trainer, if such health conditions arise.

I clearly understand the roles and responsibilities described above:

Date:_____

Client Signature:_____

Personal Trainer Signature:_____

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Personal Training Client Information

Client Goals & Expectations Worksheet

Goals should be SMART (Specific, Measurable, Achievable, Realistic, and Time bound)

Rank (circle) your goals regarding fitness and wellness:

Extremely Important		Somewhat Important		Not Important
1	2	3	4	5

____Improve cardiovascular fitness
____Increase muscular endurance
____Improve flexibility
____Decrease stress
____Increase muscular strength
____Lose weight
____Increase energy level
____Increase self-confidence
____Improve performance in a specific sport/event (please describe):
_____

Please identify your:
Short-term goals (first 4 weeks):
_____
_____

Long-term goals (first 6 months-1 year):
_____
_____

Life-long goals:
_____
_____

Please consider your goals carefully.

Your Personal Trainer can help you set S.M.A.R.T. goals if you are unsure.

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Personal Training Frequently Asked Questions

Attire

Clients should wear athletic or workout attire during all personal training sessions. All fitness center and Department of Recreational Sports policies and procedures apply when working out with a personal trainer in the Ramsey Student Center.

Payment

Payment must be received prior to the initial Personal Training consultation, failure to do so may result in denial of service. Cash, check, credit card are accepted. Please make checks payable to the University of Georgia.

Scheduling A Session

Stop by the Recreational Sports office to set up your personal training session. All no show personal training sessions are non-refundable without the option of rescheduling. Clients needing to cancel or re-schedule an appointment must do so at least 1 day prior to the start of their appointment. Cancellations or schedule changes must be made by contacting the personal trainer directly contacting the Personal Trainer directly.

Participation Eligibility

All participants in the University of Georgia Department of Recreational Sports Personal Training program must be current members of the Ramsey Student Center and have a valid student ID or driver's license that can be provided upon request. Participants must also have not been removed or banned from the facility within the last year.

Unaffiliated Personal Trainers Policy

Only Department of Recreational Sports employed Personal Trainers may provide Personal Training services in the Ramsey Student Center. No guest or member may solicit members to promote his or herself as a Personal Trainer unless they are currently employed as a student Personal Trainer for the Department of Recreational Sports. Outside Personal Trainers are not permitted to conduct their services in the Ramsey Student Center facility as this is an exclusive privilege of Department of Recreational Sports student Personal Trainers. Any member or guest suspected of posing as a Recreational Sports Personal Trainer or conducting unauthorized Personal Training services in the Ramsey Student Center facility will be immediately removed from the Ramsey Student Center and banned from utilizing the facility.