



Personal Training Registration

Welcome and thank you for your interest in personal training at Southeastern Louisiana University's Pennington Student Activity Center. You have taken the first step towards an overall increase in your health and wellness. This form will be used for Personal Training and Semi-Private Personal Training sessions. Our knowledgeable staff will do everything in their power to help and guide you to achieve your goals. Please read this entire packet and complete all applicable forms. These forms help us understand your goals and possible limitations in executing an exercise program.

Name: _____ Date: _____

W#: _____ Phone: () - _____

Email: _____ Package Renewal: Yes No

Affiliation: Student Faculty / Staff Age: _____

Alumni Community Gender: _____

Emergency Contact Name: _____

Relationship: _____ Phone: () - _____

Please choose one of the options below

Please check one box below	Personal Training Packages		
	Sessions	Package Price*	Cost / Session
<input type="checkbox"/>	1	\$25	←
<input type="checkbox"/>	3	\$69	\$23
<input type="checkbox"/>	7	\$154	\$22
	Semi – Private Personal Training Packages (2 – 4 People)		
	Sessions	Package Price*	Cost / Person / Session
<input type="checkbox"/>	1	\$30 - \$60	\$15
<input type="checkbox"/>	3	\$78 - \$156	\$13
<input type="checkbox"/>	7	\$168 - \$336	\$12

*does not include 3% sales tax.

Semi – Private Participants

(Additional participants must complete PAR-Q, Liability Waiver, Informed Consent, and Health & Medical History Questionnaire)

Name	Email	Phone	Date of Birth
_____	_____	() - _____	_____
_____	_____	() - _____	_____
_____	_____	() - _____	_____

Preferred Training Times (write the time next to the days you would like to train)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____ Sunday: _____

Trainer Preference Name: _____

Trainer Gender Preference: Male Female No Preference

Questions? Contact Nicholas Mayeur: Fitness@selu.edu
 Or visit our website for more information
www.selu.edu/recsports



Personal Training Policies & Procedures

Today's Date: _____

Participant Eligibility

The following are eligible to participate in the personal training programs and related services: **current members** of the Pennington Student Activity Center, also known as Recreational Sports and Wellness, are eligible for personal training and all other fitness services. Clients must be cleared of any risk factors associated with physical activity prior to meeting with a personal trainer for a training session. **If a client is identified as high risk, the client must provide the trainer with a signed physician's medical release form which states that the client has been cleared to engage in physical activity before training can occur.**

Registration Policy

The completed Personal Training Registration Packet (along with payment) must be received before any sessions are scheduled with a certified personal trainer. The completed registration packet can be returned either by email or to the Membership Desk at the Pennington Student Activity Center. Upon receipt of these materials, **a member of our staff will be in contact via email within 72 hours to schedule your initial appointment.**

Payment

Recreational Sports and Wellness charges a fee for services rendered by Personal Trainers. All services can be purchased anytime throughout the year by debit/credit card, cash, or check at the membership desk located on the first floor of the Pennington Student Activity Center. Payment must be received before being scheduled for an assessment and/or training session. Paying a personal trainer directly is strictly prohibited. **All returned checks will be assessed a \$35.00 NSF fee.** Personal Training Packages are **non-refundable** and **non-transferable**. All sales are final

Package Expiration

All Personal Training Packages **expire 6 months from the date of purchase.** Remaining personal training sessions are void after the time period stated above. Extending the expiration date may be requested upon a written agreement between client and the personal trainer. Approval or denial will be granted by the RSW Coordinator of Fitness & Wellness.

Cancellation Policy

Please notify the Personal Trainer by phone or email at least **24 hours in advance** of the scheduled training session to cancel or reschedule a training session. Personal Training sessions that are not rescheduled or cancelled at least 24 hours in advance must be attended by the client to avoid forfeiture of the session.

Tardy or No-show

If the client arrives more than 15 minutes late for the scheduled appointment, forfeiture of the session will result and the personal trainer has the right to leave the premise. All sessions are scheduled for 60 minutes and will end at the originally scheduled time. Personal trainers are not required to make up for lost time. **With Semi-Private Training,** if one client shows up for the session, the session will be conducted and counted towards the total package purchased. If all parties fail to show up or cancel within 24 hours, the session will be forfeited.

Fitness Assessment

Fitness assessments are available to all members of the Pennington Student Activity Center, and are encouraged to periodically track progress. This assessment will allow the personal trainer to tailor a fitness program to the wants and needs of the client. **New training clients must complete a Fitness Assessment** prior to the initiation of training. A new training client is defined as a participant who has not trained in our program in ≥ 6 months prior to today's date. Assessments are not required for Semi-Private Personal Training.

Re-Assessments

Re-assessments will be conducted periodically based on personal fitness goals. This will allow trainers to evaluate the effectiveness of the program. **Re-assessments are not required, but strongly recommended.** A follow up assessment will be recommended every 6 months, or suggested by the personal trainer.

Evaluations

Each client will be **asked to complete an optional evaluation** of their personal trainer upon completion of their training package. This evaluation will provide our personal training program with insight into enhancing the experience provided to our clients. Clients have the right to refuse to complete or partake in the evaluation, and will not be penalized by their choice in any way.

Tracking Sessions

Each personal trainer will have their **client(s) initial underneath the date on the exercise log** before beginning a training session. Personal trainers will only be paid for initialed training sessions. Each exercise log must be returned to the Coordinator of Fitness and Wellness upon completion of the package to be scanned and processed.

I have read the above Personal Training policies and agree to abide by them. I have asked the Recreational Sports and Wellness staff member to clarify any questions that I had after reading these policies.

Participant Signature _____

Participant Signature (2nd) _____

Participant Signature (3rd) _____

Participant Signature (4th) _____



The Physical Activity Readiness Questionnaire – PAR-Q

PAR-Q & YOU (A Questionnaire for People Aged 15 to 69)

Regular fitness 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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and 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 any other reason 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 that 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.

If you answered NO honestly to all 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 (assessment) - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- ✓ If you are not feeling well because of temporary illness such as a cold or 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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, Southeastern Louisiana University's Department of Recreational Sports & Wellness, 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.

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

Name

Signature

Date

Signature of Parent or Guardian (for participants under the age 18)

Witness



Liability Waiver

I expressly understand and agree to indemnify and save Southeastern Louisiana University, the Pennington Student Activity Center and the state of Louisiana harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries and/or deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of College facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractees. I further understand that use of College facilities, as a voluntary request, is made at the sole risk of the applicant, and that neither the Department of Recreational Sports & Wellness, Southeastern Louisiana University, the Pennington Student Activity Center nor the state of Louisiana make any representation, expressed or implied, as to the suitability or fitness of such facilities.

I acknowledge that I am in good physical condition and that I will not engage in any activities that may aggravate any present or future physical impairment that I have. I further agree to follow all policies set forth in this document. The department of Recreational Sports and Wellness strongly recommends that participants take a physical examination before signing.

****If you have any physical restrictions, your physician MUST approve your activity. This form must be accompanied by a letter from your physician approving your activity to include his/her name, address and signature.**

Signature of Applicant

Street Address

Date

City, State, and Zip Code



INFORMED CONSENT

Program Objectives

I _____ understand that this physical fitness program is individually tailored to meet the goals and objectives agreed upon by the personal trainer and myself. I understand, however, that the personal trainer cannot guarantee that I will accomplish the established goals. The program goals include (client, please initial all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cardiovascular Improvement | <input type="checkbox"/> Improved muscular endurance |
| <input type="checkbox"/> Increased strength | <input type="checkbox"/> Improved Flexibility |
| <input type="checkbox"/> Decreased body fat / weight | <input type="checkbox"/> Improved Balance |
| <input type="checkbox"/> Other (list) _____ | |

Description of Exercise Program

I _____ understand that the exercise program will involve participation in a number of types of fitness activities. These activities will vary depending upon the established objectives, but will probably include:

- 1) Aerobic activities including, but not limited to, the use of treadmills, stationary bicycles, step machines, rowing machines, and running track;
- 2) Muscular endurance and strength building exercises including, but not limited to, the use of free weights, weight machines, calisthenics, and other exercise apparatus;
- 3) Other activities selected by the personal trainer and agreed upon by myself; and
- 4) Selected physical fitness and body composition tests.

Description of Potential Risks

The personal trainer has explained that no exercise program is without inherent risks and that, regardless of the care taken by the personal trainer, he (or she) cannot guarantee my personal safety. For example, when one induces cardiovascular stress through activity, injuries can range from minor injury (e.g., pulled muscles) to less frequent serious injury (e.g. heart attack, stroke, or other cardiovascular accidents) to the rare catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis).

I _____ realize that when participating in any exercises or conditioning activity, there is always a possibility of minor injuries as well as a slight possibility of major injuries or catastrophic injury/death.

Description of Potential Benefits

I _____ understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the physiological benefits of a regular exercise program can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement in cardiovascular function, reduction in risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility. I further understand that regular exercise can have psychological benefits, often improving one’s outlook and feeling of well-being, as well as relieving tension and stress.



INFORMED CONSENT CONTINUED

Client Responsibilities

- I _____ understand that it is the responsibility of the client to:
- 1) Fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program;
 - 2) Inform the trainer if there are activities with which I do not feel comfortable;
 - 3) Cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing); and
 - 4) Clear my participation in an exercise program with a physician.

Client Acknowledgments

In agreeing to this exercise program, I _____:

- Acknowledge that my participation is completely voluntary.
- Understand that the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- Give consent to certain physical contact that may be necessary to ensure proper technique and body alignment
- Understand that the achievement of health or fitness goals cannot be guaranteed.
- Have had a voice in planning and approving the activities selected for the exercise program.
- Have been able to ask questions regarding any concerns and have had those questions answered to my satisfaction.
- Acknowledge that I am in good physical condition, have no impairment which might prevent participation in such activities, and have been advised to consult a physician prior to beginning this program.
- Have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

Privacy

I _____ understand that my personal information, or any information disclosed in this registration packet will be kept confidential, and will only be shared with essential personnel as a need to know basis.

I _____ have read and understand the above agreement. I have been made fully aware of and understand the potential risks involved in this physical fitness program. I hereby consent to those risks and assert that I am freely and voluntarily participating in this program. Finally, I am freely signing this agreement.

Signature of Client Date

Signature of Trainer Date



Health & Medical History Questionnaire

Name: _____

Address: _____

Birthdate (MM/DD/YYYY): _____ Age: _____

Gender: _____ Ethnicity: _____

Occupation: _____ Marital Status: _____

Highest Education Completed: _____

Physician's Name: _____ Physician's Phone #: _____

Date of last physical exam (MM/DD/YYYY): _____ Height: _____ Weight: _____

Please describe **any limitations / restrictions** the personal trainer should be aware of prior to exercise:

Medications

(Include any over-the-counter medications, prescribed medications, and supplements)

NAME	DOSAGE	PURPOSE	FOR HOW LONG?

Please list any special accommodations or needs:

Please list any personal health & fitness goals:

Please list any current fitness or sport activities (within the last 3 months):



Nutritional Profile

Name: _____ Date: _____

“Ideal Weight”: _____ Current Weight: _____

Do you eat breakfast? If so, what do you normally eat? _____

Do you snack? If so, what are your typical snack foods? _____

Do you eat away from home frequently (3 or more times/week) If so, how often? _____

Have you ever followed a diet plan? If so, which one(s) and when? _____

On average, how many caffeinated beverages do you consume daily? _____

On average, how many alcoholic beverages do you consume daily? _____ Weekly? _____

Do you currently smoke? _____ If so, how many per day? _____

If you currently smoke, are you interested in stopping? _____

Did you ever quit smoking? _____ If so, when did you stop smoking? _____

In the last 24 hours, please list what you ate for: (include all beverages, especially water)

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Comments or additional information: _____
