TRUDY FITNESS CENTER
PERSONAL TRAINING REQUEST PACKET

Return completed forms to Director of Fitness & Programming, Andrew Turner.
If you have any questions or concerns call 315-228-7059 or e-mail aturner@colgate.edu.
Payments must be received prior to the first session with a personal trainer.

Name: ___________________________ Date of Birth: _______________________

E-Mail: ___________________________________________________________________

Phone Number: ___________________________ ________________________________

***If signing up for partner training, each individual needs to fill out all forms. Please write the name of your partner here: _____________________________

Please indicate your affiliation with Colgate University and the Trudy Fitness Center. Circle One.
CU Student        CU Employee       Fitness Center Member        Other ________________

What is the primary reason you are signing up for a personal trainer? (For example: weight loss, improved fitness, run a 5K, etc.). What are your health and fitness goals?
_____________________________________________________________________________________
_____________________________________________________________________________________

Please describe your current physical activity habits?
_____________________________________________________________________________________
_____________________________________________________________________________________

What days and times are you available to meet with a trainer? Please be as specific as possible.
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you prefer a male or female trainer? Please circle one: MALE FEMALE

Is there a specific trainer you would like to work with (who): _____________________________

Please indicate which package you are purchasing (circle one).

Smart Start Fitness Package

1 Fitness Assessment (30 mins) + 1 Training Session (60 mins) = $60

<table>
<thead>
<tr>
<th>60-Minute Individual Training Sessions</th>
<th>30-Minute Express Training Sessions</th>
<th>60-Minute Partner Training Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ 1 session - $40.00</td>
<td>➢ 4 sessions - $96.00</td>
<td>➢ 4 sessions - $240.00</td>
</tr>
<tr>
<td>➢ 2 sessions - $79.00</td>
<td>➢ 8 sessions - $188.00</td>
<td>o $120.00 each</td>
</tr>
<tr>
<td>➢ 4 sessions - $156.00</td>
<td>➢ 12 sessions - $270.00</td>
<td>➢ 8 sessions - $464.00</td>
</tr>
<tr>
<td>➢ 8 sessions - $308.00</td>
<td></td>
<td>o $232.00 each</td>
</tr>
<tr>
<td>➢ 12 sessions - $456.00</td>
<td></td>
<td>➢ 12 sessions - $672.00</td>
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<tr>
<td></td>
<td></td>
<td>o $336.00 each</td>
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</tbody>
</table>

***Payment: Cash or Checks made out to Colgate University***

PLEASE SIGN to verify package choice and commitment to pay: _____________________________ Date: ______

Return all completed forms & payments to the Director of Fitness & Programming, Andrew Turner

All participants must fill out a health history questionnaire and a physical activity readiness questionnaire before working with a trainer. All those categorized as “high risk” based on the American College of Sport Medicine Risk Stratification process will be asked to get medical consent from a Physician before starting an exercise program.
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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
<td></td>
</tr>
<tr>
<td>2. Do you feel pain in your chest when you do physical activity?</td>
<td></td>
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<tr>
<td>3. In the past month, have you had chest pain when you were not doing physical activity?</td>
<td></td>
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<tr>
<td>4. Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
<td></td>
</tr>
<tr>
<td>7. Do you know of any other reason why you should not do physical activity?</td>
<td></td>
</tr>
</tbody>
</table>

### 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 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 — 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.

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Informed Use of the PAR-Q: 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.

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

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.
Personal Training Client Pre-participation Health Screening

***Assess your health status by checking all statements that are true to your personal health.

Personal Medical History
You have had:
____ A heart attack
____ Heart surgery
____ Cardiac catheterization
____ Coronary angioplasty (PTCA)
____ Pacemaker/implantable cardiac defibrillator/rhythm disturbance
____ Heart valve disease
____ Heart failure
____ Congenital heart disease

Symptoms
____ You experience chest discomfort with exertion
____ You experience unreasonable breathlessness
____ You experience dizziness, fainting, or blackouts
____ You take heart medication
____ Other health issues
____ You have diabetes
____ You have asthma or other lung disease
____ You have burning or cramping sensation in your lower legs when walking short distances
____ You have musculoskeletal problems that limit physical activity
____ You have concerns about the safety of exercise
____ You take prescription medications
____ You are pregnant

Cardiovascular Risk Factors
____ You are a man older than 45 years
____ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
____ You smoke, or quit within the previous 6 months
____ Your blood pressure is >140/90 mmHg
____ You do not know your blood pressure
____ You take blood pressure medication
____ Your blood cholesterol level is >200 mg/dL
____ You do not know your blood cholesterol level
____ You have a close blood relative that had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
____ You are physically inactive (For example, you get < 30 minutes of physical activity on at least 3 days per week)
____ You are > 20 pounds overweight

If you have any injuries or physical limitations that the trainer should be aware of, please explain in the space provided.

I verify that all questions regarding my personal health history were answered truthfully, and to the best of my knowledge.

Signature: ________________________________________________ Date: __________________