

Return completed forms to Director of Recreation, Katie Kammerdiener. Call 315-228-7583 or

E-Mail kkammerdiener@colgate.edu if you have questions or concerns.

TRUDY FITNESS CENTER PERSONAL TRAINING REQUEST PACKET

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 CU 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? (i.e. weight loss, improved fitness, run a 5K).
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. If there is a specific trainer you would like to work with, please write his/her name: _____ Male Female No Preference

Please indicate which package you are purchasing. Circle one.

Smart Start Fitness Package:

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

30-Minute Individual Training Session:

➤ 4 sessions- \$96.00

➤ 8 sessions - \$188.00

➤ 12 sessions - \$270.00

60-Minute Individual Training Session:

➤ 1 session - \$40.00

➤ 2 sessions - \$79.00

➤ 4 sessions - \$156.00

➤ 8 sessions - \$308.00

➤ 12 sessions - \$456.00

60-Minute Partner Training Sessions:

➤ 4 sessions- \$240.00 (\$120.00 each person)

➤ 8 sessions - \$464.00 (\$232.00 each person)

➤ 12 sessions - \$672.00 (\$336.00 each person)

Please sign to verify package choice and commitment to pay: _____ Date: _____

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.

Return all completed forms & payments to the Director of Recreation, Katie Kammerdiener, Huntington Gym

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Payments must be received prior to the first session with a personal trainer.

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	
<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 (for example, back, knee or hip) 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?

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 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.

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.

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 _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

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 who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (i.e., 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: _____