

Personal Training Registration Packet

Personal Training -Choose Your Package

Individuals not looking for personal training, but wanting to complete a fitness assessment or body composition testing, please **check (✓)** the service requested below.

<input type="checkbox"/>	Service	Price	#Sessions	Time
<input type="checkbox"/>	Fitness Assessment	\$30	1 session	60 minutes
<input type="checkbox"/>	Body Composition	\$20	1 session	15 minutes

All new personal training clients are required to begin with the initial training package.

<input type="checkbox"/>	Initial Training Package	
	60 minute sessions - \$55.00	
1 st Session	Review your current and health history, perform initial physical assessments and set clear and realistic fitness goals.	
2 nd Session	Instruction on proper exercise techniques and your individualized workout program.	

***After Initial Package**, are you going to wish to continue further with additional sessions?
Circle: YES or NO or MAYBE

Personal Training Participant Information Sheet

Name: _____ Date: _____ DOB: _____
 Gender Identity: _____ Student ID/ 95#: _____
 Phone Number: _____ Email: _____

List specific times you prefer to meet with a trainer. We will do our best to match your preferences. How many times per week? _____

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have any special needs: _____
 Specific Trainer requested (name): _____
 Did anyone refer you to this program (name): _____

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The UO Rec Personal Training Policies & Procedures will be sent to you via email. Please be sure to review and direct questions to your trainer.

Health Status Review

Please take a moment to complete the health history questions to verify that you will be ready to meet with your trainer. **If you answer YES to any of the questions, you must have a Physician's Release form signed by your doctor prior to your first appointment. After reviewing your packet, a personal trainer will send you a Physician's Release form if needed. Forms are also available by emailing RecFit@uoregon.edu.*

Assess your health status by marking all statements with either Y (yes) or N (no).

HISTORY

You have had:

Heart Attack
Heart Surgery
Cardiac Catheterization
Coronary Angioplasty (PTCA)
Pacemaker/implantable cardiac
Defibrillator/rhythm disturbances
Heart Valve Disease
Heart Failure
Heart Transplantation
Congenital Heart Disease

Y	N

Symptoms:

You experience chest discomfort with exertion
You experience unreasonable breathlessness
You experience dizziness, fainting, or blackouts
You take heart medications

Y	N

Other Health Issues

You have diabetes
You have asthma or other lung disease
You have concerns about the safety of exercise
You have musculoskeletal problems that limit your physical activity
You have burning or cramping sensation in your lower legs when walking short distances
You take prescription medication(s)
You are pregnant

Y	N

**If you marked YES on any of the above statements, consult your physician before engaging in exercise.*

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 smoking within the previous 6 months
- Your blood pressure is > 140/90 mm Hg
- You take blood pressure medication
- 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 pound overweight

**If you marked two or more of the statements in this section, consult your physician before engaging in exercise.*

Are there any health issues or other concerns not listed you would like to discuss? YES NO

If Yes, please explain: _____

Please explain your exercise history, current physical activity, and why you have signed up for personal training: _____