Small Group Registration Packet

STEP 1: Review small group training offerings.

STEP 2: Check (V) the program you would like to register for.

STEP 3: Complete the Participant Information sheet and answer the Health History questions.

STEP 4: Return completed packet to complete registration and pay for your service at SRC front desk.

STEP 5: When your registration packet is received, you will be contacted within 48 hours by a fitness staff member to provide you with details for your small group training program.

Please attach participant receipt to packet.

All participants must complete packet prior to the start of the program.
Small Group Training Registration Packet

Small Group Training Offerings Fall 2014

SMALL GROUP TRAINING
HOW TO SIGN UP:
To reserve your spot: turn in completed registration packet for the small group training session of your choice to the SRC front desk; or email recfit@uoregon.edu. You will be contacted within 48 hours by a staff member to assist you in enrolling in the session of your choice. Reserve your spot before it’s too late!

SMALL GROUP TRAINING
With the coaching of a Personal Trainer, maximize your workout in a short time frame with other members to increase fun and adherence. Each term, Small Group Training workouts are scheduled in 4-week sequences (meeting twice a week for 45-minutes). Each format will be offered twice per term, as section 1 and 2 of their respected times. All sections of each format are $45.00 to participate. All fitness levels are welcome. Group sessions require a minimum of 2 participants and are based on the following fitness goals.

Specific format days and times are listed below the descriptions. *A make up session will be scheduled for each section falling on Thursday November 28th, 2013, as the SRC is closed for Thanksgiving week. It will be dependent upon enrolled participants request.

Please check (√) the format you wish to register for:

☐ Olympic Lifting for Beginners
When: Mondays/Wednesdays, Apr. 20th – May 9th (Week 4-Week 9), 5:30-6:30PM
Where: Fitness Alley, 6 weeks/12 sessions, meeting twice per week
Cost: $60.00
Description: Individuals will learn and practice the basics of the two Olympic lifts: the snatch and the clean and jerk. This is an opportunity to work on form and technique while increasing your explosive power. * Max of 4 participants

☐ Dance Fitness
When: Mondays/Wednesdays, Apr. 20th – May 27th (Week 4 –Week 9), 6:00-7:00PM
Where: SRC 283, 6 weeks/12 sessions, meeting twice per week
Cost: $60.00
Description: A workout program that incorporates compound body movements to increase muscle strength and endurance using a kettlebell. This class will teach you new and safe exercises, progressions and how to effectively incorporate kettlebell training in to your own program. *Max of 12 participants
**TRX Suspension Trainer**
When: Tuesdays/Thursdays, Apr. 21st – May 28th (Week 4 – Week 9), 6:00-7:00PM
Where: The Yard, 6 weeks/12 sessions, meeting twice per week
Cost: $60
Description: Individuals will complete total body circuits on the TRX suspension trainer to improve flexibility, agility, balance, and overall strength.
*Two Instructors, max of 18 participants

**Boxfit**
When: Tuesdays/Thursdays, Apr. 21st – May 28th (Week 4- Week 9)
Section 1: 5:30-6:30PM
Section 2: 6:45-7:45PM
Where: SRC Boxing Studio, 6 weeks/12 sessions, meeting twice per week
Cost: $60
Description: A combination of cardio, boxing, and martial arts to improve aerobic fitness, reaction time, flexibility, coordination, and balance. Individuals will learn how to perform punches, kicks, footwork and defensive tactics!
*Max of 8 participants

**Battling Ropes**
When: Tuesdays/Thursdays, Apr. 21st – May 28th (Week 4 – Week 9), 4:00-5:00PM
Where: Fitness Factory, 6 weeks/12 sessions, meeting twice per week
Cost: $60
Description: Build core, lower and upper body strength through battling rope intervals. Participants will learn new techniques and progressions for using the ropes while also competing in teams to complete challenges!
*Two Instructors, max of 18 participants
Small Group Training Participant Information Sheet

Name:                              Date:

Phone Number:                  Email:

This questionnaire will be used to help your personal trainer prepare for your first meeting. Please fill out each section. You will have an opportunity to discuss each of these areas in more detail with your trainer when you meet in person.

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:                      Symptoms:                      Y  N
Heart Attack                       You experience chest discomfort with exertion
Heart Surgery                      You experience unreasonable breathlessness
Cardiac Catheterization           You experience dizziness, fainting, or blackouts
Coronary Angioplasty (PTCA)        You take heart medications
Pacemaker/implantable cardiac      Other Health Issues
Defibrillator/rhythm disturbances
Heart Valve Disease               You have diabetes
Heart Failure                      You have asthma or other lung disease
Heart Transplantation             You have concerns about the safety of exercise
Congenital Heart Disease          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

*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.
Any other health related conditions, especially those made worse by exercise, not mentioned above that your trainer should be aware of when designing your program:

______________________________________________________

Health and Fitness Goals:
(What would you like to achieve through your personal training sessions?)

_______________________________________________________

Current Exercise Status Check which apply:
□ I currently exercise

□ I do not regularly exercise, but would like to start.

□ I used to be active, but am not anymore and would like to become active again.

If you currently exercise, list those activities in which you participate and how much time per week you spend doing each:

_____________________________________________________________________________

_____________________________________________________________________________

How long on this routine:________________________________________________________

_____________________________________________________________________________

List any exercise, sport, or recreational activity that you have participated in:

In the past 6 months:___________________________________________________________

_____________________________________________________________________________

In the past 5 years:____________________________________________________________

_____________________________________________________________________________

Occupation:

Would an exercise program interfere with your job? YES  NO

How would an exercise program benefit your job? __________________________________
Preferred Activities

____________________________________________________

Other Concerns (Questions the trainer may be able to answer related to your health and fitness)

__________________________________________

Have you ever been injured while exercising?  YES    NO
If YES, please explain:
______________________________________________________________________________
______________________________________________________________________________

Are there any health issues or other concerns not listed you would like to discuss?  YES    NO
If YES, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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.

Did anyone refer you to the program?
(name):___________________________