



PERSONAL TRAINING ENROLLMENT PACKET

The personal training packet is required in order to begin your training program. The information contained within this packet is strictly confidential and will help your trainer to design a customized program tailored to your needs and exercise goals. Completion of the document is paramount in determining your eligibility in continuing with the program. Once the packet is complete you will be contacted by the Personal Training Coordinator to arrange a fitness assessment with your trainer.

Participant's Information

Name:	Contact Phone Number:
Date of Birth:	PSU ID:
Gender:	University Affiliation:
Local Address:	Email:
City, State, Zip:	

Emergency Contact Information

Name:	Relation:
Address:	Phone Number:
City, State, Zip:	

FOR OFFICAL USE ONLY

Membership
Reviewed PAR-Q
Assigned Trainer
Schedule for Assessment

Payment
Review Health History
Entered on WTW

Physical Readiness Questionnaire (PAR-Q)

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 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 over 69 years of age, and you are not used to being very active, check with you doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: click **YES** or **NO**.

YES **NO**

- 1. Has your doctor ever said that you have heart condition and that you should only do physical activity recommended by a doctor?**
- 2. Do you feel pain in your chest when you do physical activity?**
- 3. In the past month, have you had chest pain when you were not doing physical activity?**
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?**
- 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?**
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
- 7. Do you know of any other reason why you should not do physical activity?**

If you answered YES to one or more of the 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.

If you answered NO to all the questions: IF you answered NO 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.

“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:

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.

Medical and Health History Questionnaire

Part I: Medical History

Do you/have you had any of the following medical conditions throughout your lifetime?

Please check all statements related to your personal medical history.

Heart Attack	Heart Failure
Heart Surgery	Heart Transplantation
Cardiac Catheterization	Congenital Heart Disease
Coronary Angioplasty (PTCA)	Peripheral Arterial Disease
Pacemaker	Stroke
Heart Murmur	High Blood Pressure
Heart Valve Disease	Other:

Do you/have you experience(ed) any of the following signs or symptoms?

Please check all statements related to your personal medical history.

Discomfort and/or pain with exertion in the chest, neck, jaw, or arms
 Unreasonable breathlessness at rest or with mild exertion
 Dizziness, Syncope (fainting), or Blackouts
 Ankle Edema (swelling)
 Heart palpitations or tachycardia (unpleasant awareness of forced or rapid heartbeat)
 Intermittent claudication (muscle pain due to ischemia (inadequate blood supply))
 Burning or cramping sensation in the lower legs when walking short distances

Do you/have you experience(ed) any other health issues?

Please check all statements related to your personal medical history.

Diabetes
 Thyroid Disorder
 Renal (kidney) Disorder
 Liver Disease (e.g. Cirrhosis)
 COPD, asthma, cystic fibrosis, or other lung disease
 Arthritis
 Osteoporosis

If you checked any of the above conditions, please explain below.

If you take any medication(s) for the symptoms/conditions above or any over-counter prescriptions, please explain below.

Part II: Musculoskeletal History

Have you ever experienced injuries, surgeries, or precautions with the following?
Please check all statements related to your musculoskeletal medical history.

Neck
Shoulder
Back
Elbow

Wrist
Hip
Knee
Ankle

If you have any other muscle, bone, or joint problems, please explain below.

List any past surgeries or hospitalizations?

PART III: Supplementation

If you are **currently** taking any vitamins or nutritional supplements, please list below.

Informed Consent, Waiver and Release

Understanding that all Campus Recreation facilities and activities, including use of Personal Trainers, are University-sponsored, I hereby agree to abide by all University regulations as specified in the Student Code of Conduct and/or Faculty/Staff Handbook, and all rules presented by the Campus Recreation FitWell staff members, either written or verbal, for the use of their facilities. Furthermore, I understand that failure to abide by these regulations is ground for possible restriction of my use of the Campus Recreation facilities and/or loss of all recreation privileges in addition to University disciplinary sanctions.

I also understand that Campus Recreation reserves the right to require a doctor's approval before any Personal Training services (including, but not limited to fitness testing to measure flexibility, body composition, muscular strength and endurance, and cardiorespiratory endurance) are provided. Campus Recreation also reserves the right to refuse to provide personal training services if, in its sole discretion, it believed such services may be detrimental for any reason.

Waiver: In consideration of being permitted to use the services of a Campus Recreation Personal Trainer I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Penn State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from my use of Campus Recreation facilities and Personal Trainer's services.

Assumption of Risks: Activities associated with the use of a Personal Trainer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks can range from minor injuries (such as bruises, sprains, floor burns) to major injuries (such as pulled muscles, broken bones and fractures).

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in personal training activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I hereby certify that I have insurance to cover any charges associated with any injuries or accidents that may occur as a result of my use of a Personal Trainer.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Penn State University, its officers, employees, agents and assigns from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my use of a Campus Recreation Personal Trainer.

Acknowledgement of Understanding: I have read the foregoing document and understand its contents. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name:

Date:

Signature:

Penn State Personal Training Agreement *(To be completed with Trainer)*

Thank you for participating in the Campus Recreation Personal Training Program at the Pennsylvania State University. In order to communicate all information necessary for a great personal training experience we have listed the following policies and useful information.

Responsibilities of the Trainer:

- Provide an initial fitness assessment to client.
- Assist in determining realistic client goals and objectives.
- Provide proper exercise technique.
- Record the progress of client and any necessary feedback.
- Evaluate and modify the program, as necessary, according to the changing need of client.
- Communicate with the Personal Training Coordinator, with any changes in meeting times, dates, or location of sessions.
- If the personal trainer is greater than 15 minutes late without the client's approval the trainer is considered a "no-show" and the remaining session is free (client dependent).
- Notifying client that other trainers may shadow the sessions as a need for continuing education.

Responsibilities of the Client:

- Abide by rules and policies of all fitness centers and of Campus Recreation.
- Read and Sign: PAR-Q, Informed Consent, Waiver and Release.
- Commit to customized program.
- Communicate with your trainer. It is important that you keep your trainer up-to-date on new medical, physical, and psychological changes. Any pain, discomfort, or concerns should always be communicated thoroughly.
- Modifications to the program and schedule may be necessary. These modifications must be discussed with your trainer.
- Timeliness:
 - A. Failure to inform the Personal Training Coordinator **24-hours** in advance of a cancellation or scheduling conflict will result in forfeiture of that training session and **WILL BE** deducted from your package total.
 - B. Your trainer will wait up to 15-minutes into your training session. If you are considered to be a "no-show," you will be charged for that scheduled session.
 - C. If you are less than 15-minutes late for a scheduled session, Penn State Personal Training reserves the right to begin the session with the time remaining, reschedule, or charge the client for the session.

I, _____, have read and understood the obligations, therein of Penn State Personal Training Agreement.

Client Signature: _____

Trainer Signature: _____ Date: _____

UPON COMPLETING THE PACKET, PLEASE PRINT AND BRING TO YOUR FIRST SESSION