

*Please attach participant receipt to packet.  
All participants must complete packet prior to the start of program.*

# UNIVERSITY RECREATION

# PERSONAL TRAINING REGISTRATION



UNIVERSITY OF  
ARKANSAS

COLLEGE OF EDUCATION  
& HEALTH PROFESSIONS

UNIVERSITY RECREATION

# UREC PERSONAL TRAINING PACKET

Congratulations on your interest in a healthy lifestyle that includes regular physical activity! The following packet contains information about Personal Fitness Training and Assessment programs offered by UREC, as well as the necessary registration materials. For additional questions, please call the University Recreation office at 575-4646.

## General Information

### FITNESS CENTER RULES

Personal belongings are not permitted in any UREC Fitness Center. UREC offers locker rentals to secure your belongings. Children under 12 are not permitted in the Fitness Center, and children under 16 must be accompanied by a parent at all times. UREC does not offer childcare. Water must be in resealable containers, and food is prohibited. Tank tops, jeans, open-toed shoes, and bathing suits are prohibited in the Fitness Center.

### WHAT YOU CAN EXPECT FROM YOUR TRAINER

You will be contacted by the UREC Fitness/Wellness staff within 5 days of your session purchase. Session dates and times are subject to agreement between the client and trainer based on availability. Although all efforts will be made to match clients with preferred trainers, availability may prevent specific trainer assignments. Trainers will consult with you regarding your specific goals, as well as concerns and limitations. The more information that you can provide, the more effectively your trainer will be able to serve you.

### WHAT YOUR TRAINER CAN EXPECT FROM YOU

All sessions must be utilized within six months of purchase or they are void. Any sessions that remain unused for any reason will not be refunded. Cancellations not made 24-hours in advance of the scheduled session will be forfeited by the client. Please provide responsive communication and notify your trainer of any changes in contact information.

Your trainer will ask about any conditions of concern indicated in your health history. In some cases, a physician clearance may be requested. In order for your trainer to maximize your time together, please be physically prepared to start your session by completing any necessary warm-up ahead of your appointment.

## Programs and Services

**Personal Training:** Personal Training sessions can help you develop exercise plans, stay motivated, or overcome fitness plateaus. Sessions involve one-on-one consultation and exercise with a trainer certified by a national organization. Unless otherwise specified, all sessions are one hour. Prices listed below are for individuals.

**Personal Training Sessions:** One-hour sessions with a certified personal trainer. Any quantity can be selected, although new clients must purchase at least two sessions initially. New clients must utilize their first session as a fitness assessment. Participants wishing to incorporate fitness assessments into their training sessions may utilize one session as an assessment at any time. All sessions must be used within six months, and unused sessions may not be refunded or transferred.

PERSONAL TRAINING SESSION	PRICE/SESSION
STUDENT	\$28
UREC MEMBER	\$32
STUDENT PAIR	\$40
UREC MEMBER PAIR	\$44
STUDENT TRIO	\$54
UREC MEMBER TRIO	\$58

**Price Per Session:**

Student members (\$28)  
 UREC members (\$32).

\*\*15 or more sessions purchased at a time receive one free session\*\*

**Private Yoga, Pilates, or Stretching Sessions:** Find your balance with a non-traditional personal training experience focusing on your area of choice. Pricing is the same as Personal Training Sessions.

**Fitness Assessments:** Fitness assessments address any health related concerns and set forth goals to start new exercise programs. Physiological testing is also done to determine baseline measurements, identify areas for improvement, assess progression, and educate the client. The following software is used to perform fitness assessments:

**Korr Meta-Check:** This metabolic testing software measures resting metabolic rate, caloric output based on lifestyle and daily activity, and energy/calorie expenditure during exercise. This assessment is useful in determining an individual's unique caloric needs and nutrition planning.

**Price:** Student members (\$25), UREC members (\$35)

**Fitness Center Orientations:** Fitness Center Orientations are one-time sessions designed to introduce new users to the equipment available in the Donna Axum or UREC Fitness Centers. A staff member will demonstrate how to properly use cardio machines and weight equipment, and can answer specific exercise questions. Orientations are not designed to prescribe exercise plans, but rather to assist participants with proper equipment use. Orientations are complimentary.

# Registration Form

Detach and return to the UREC office located in HPER 225. Payment must be received at the time of registration. Participants must have all portions of packet completed. Physician clearance form may be required for participants who check "yes" for any listed conditions.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Availability:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Trainer's Preference:

No preference

Male Trainer

Female Trainer

Trainer's Name: \_\_\_\_\_

## PART 1: PACKAGE SELECTION (PLEASE CHECK)

PERSONAL TRAINING SESSION	PRICE/SESSION	QUANTITY (MIN. 2)
STUDENT	\$28	_____
UREC MEMBER	\$32	_____
STUDENT PAIR	\$40	_____
UREC MEMBER PAIR	\$44	_____
STUDENT TRIO	\$54	_____
UREC MEMBER TRIO	\$58	_____

PRIVATE YOGA, PILATES, OR STRETCHING SESSION	PRICE/SESSION	QUANTITY (MIN. 2)
STUDENT	\$28	_____
UREC MEMBER	\$32	_____
STUDENT PAIR	\$40	_____
UREC MEMBER PAIR	\$44	_____
STUDENT TRIO	\$54	_____
UREC MEMBER TRIO	\$58	_____

Fitness Assessment  \$25  \$35

Fitness Center Orientation  complimentary

Fitness Center Preference  Donna Axum Fitness Center  UREC Fitness

**\*\*Please remember to print receipts for all transactions and attach it to registration packet. Remind participants to bring their guest passes to their first training session to give to their trainer. \*\***

## PART II: PARTICIPATION AGREEMENT

I understand the following refund policies of the University Recreation Personal Training program:

All sessions must be used within 6 months of purchase. Sessions held 6 months after purchase will become void. Any sessions that remain unused for any reason will not be refunded. Cancellations not made 24-hours in advance of the scheduled session will be forfeited by the client. UREC does not refund for programs affected by restricted parking. For parking information, please visit <http://parking.uark.edu/>.

\_\_\_\_\_ (Initial)

## PART III: HEALTH HISTORY DISCLOSURE

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you or an immediate family member, now or in the past experienced:  
*Check all that apply.*

You ↓	Family ↓		You ↓	Family ↓	
_____	_____	Chest Pain	_____	_____	Asthma
_____	_____	Heart Attack	_____	_____	Bursitis
_____	_____	Heart Disease	_____	_____	Arthritis
_____	_____	Pacemaker	_____	_____	Tendonitis
_____	_____	High blood pressure (>140/90)	_____	_____	Muscle Injury
_____	_____	Diabetes mellitus	_____	_____	Joint injury
_____	_____	Cancer	_____	_____	Smoking
_____	_____	Currently pregnant/postpartum	_____	_____	Dizziness
_____	_____	Depression	_____	_____	Osteoporosis
_____	_____	Low back pain	_____	_____	High Cholesterol (>200)
_____	_____	Nutrition related disorder			

If you have checked any above, please explain below:

List all medications you are currently taking:

When exercising, do you feel any of the following?

- \_\_\_\_\_ Chest pain
- \_\_\_\_\_ Leg aches
- \_\_\_\_\_ Shortness of breath
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ General fatigue
- \_\_\_\_\_ Pressure over the heart

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## PART IV: RELEASE OF LIABILITY

In consideration of being permitted to participate in fitness programs and personal training sessions, which may consist of warm-up, flexibility activities, cardio respiratory activities, muscular strength and endurance activities, and fitness assessments: I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for accepting such exercise and assistance.

\_\_\_\_\_ (Initials)

There exists the possibility of certain physiological changes during the program. These include elevated heart rate, muscle or joint pain, abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. I hereby acknowledge and accept these risks. Information that I provide about my health status or previous experiences of heart-related symptoms with physical effort may affect the safety of this program. I accept responsibility for fully disclosing my medical history, as well as symptoms that may occur during the program. To my knowledge, I do not have any limiting physical condition or disability which would preclude an exercise program. I understand that I am responsible for monitoring my own condition throughout exercising, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include, but are not limited to the following: chest discomfort, nausea, difficulty in breathing, and joint or muscle pain or strains.

\_\_\_\_\_ (Initials)

An examination by a physician should be obtained by all participants prior to involvement in an exercise program. If a participant refuses to obtain a physician's consent, he/she must sign the following statement:

I, \_\_\_\_\_, have been informed of the need for a physician's approval for participation in a progressive exercise and fitness program. I fully understand the strenuous nature of the program and accept complete responsibility for my health and well-being in the voluntary exercise and fitness program and related testing.

\_\_\_\_\_ (Initials)

Other risks of participation in Fitness/Wellness classes and programs include, but are not limited to: trips, falls, collisions, sprains, strains, cuts, bruises, lacerations, broken bones. I understand that the risks and dangers of participation are real. I am still interested in participating and will hold harmless for ordinary negligence the University, its instructors, all employees, the University Recreation Department, and any volunteers involved in this program. I agree that I, my heirs, or any family member will not hold the University negligent for any injuries that may occur during any part of the program. For the right to participate in this program, I freely sign away my rights to sue for negligence.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## PART V: PERSONAL FITNESS EVALUATION

The following questions assist your trainer in preparing and monitoring fitness goals. Please answer to the best of your ability and ask your trainer any questions that you may have.

1. Do you have any negative feelings toward or have you had any bad experiences with physical activity programs?
2. Do you have any negative feelings toward or have you had any bad experiences with fitness testing and evaluation?
3. Rate yourself on a scale of 1 to 5, with 1 indicating the lowest value and 5 the highest. Circle the number most applicable for you.

Characterize your present athletic ability:

—————▶ 1    2    3    4    5

Characterize your present cardiovascular capacity:

—————▶ 1    2    3    4    5

Characterize your present muscular capacity:

—————▶ 1    2    3    4    5

Characterize your present level of flexibility:

—————▶ 1    2    3    4    5

4. Are you currently involved in regular exercise?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of exercise? \_\_\_\_\_

5. What types of activities interest you?

6. What barriers do you think have prevented you in the past from beginning or adhering to an exercise program?

7. Rank your goals 1 to 10, where 1 is the most important to you:

Improve cardiovascular fitness \_\_\_\_\_  
Reduce body fat level \_\_\_\_\_  
Reshape or tone body \_\_\_\_\_  
Improve flexibility \_\_\_\_\_  
Lose weight \_\_\_\_\_

Gain weight \_\_\_\_\_  
Enjoyment \_\_\_\_\_  
Increase strength \_\_\_\_\_  
Increase energy level \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

**PART VI: MEDICAL CLEARANCE FORM (if necessary)**

Dear Physician:

Date \_\_\_ / \_\_\_ / \_\_\_

Your patient, \_\_\_\_\_, has applied to participate in one-on-one personal training with the University of Arkansas University Recreation Department, which requires your medical clearance 1) due to the “yes” response on the Health History Disclosure and/or 2) the individual is a member of a special population needing additional clearance to begin an exercise program.

Your patient will be involved in an exercise program that will be based on the ACSM’s standards for exercise. He/she will be participating in cardiovascular exercise, strength training, and flexibility exercises during their exercise appointments

Please indicate below if you approve of your patient’s participation in our one-on-one personal training program. Thank you.

\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_ I believe the applicant may participate, but I urge caution because:

\_\_\_\_\_

\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_

\_\_\_ I recommend that the applicant NOT participate.

Physician signature \_\_\_\_\_

Physician name printed \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please mail to:  
Casey Fant  
HPER 225  
155 N. Stadium Dr.  
Fayetteville, AR 72701

Or fax to:  
Casey Fant  
479-575-7008 (f)  
479-575-3542 (p)