

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

Personal Training Registration



Programs and Services

UREC Personal Training Registration 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. This packet contains a General Information section, a Services and Programs section, and a Registration Form section. For additional questions, please call the University Recreation office at 575-4646.

General Information

What you can expect from the Fit/Well Team

Once your packet has been received you will be contacted by the UREC Fitness/Wellness staff within 7 business days of your registration in regards to matching you with a UREC Personal Trainer. Once paired with a UREC Personal Trainer a fitness assessment will be scheduled based on trainer and client availability.

The trainer and client matching process will depend on trainer & client availability. Please thoroughly fill out your availability on the registration form. All efforts will be made to match clients with preferred trainers, availability may prevent specific trainer assignments

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.

Personal Training

The UREC Personal Training program is devoted to helping you accomplish a number of different fitness goals whether it be developing an exercise plan, staying motivated, or overcoming fitness plateaus.

Personal Training Sessions: One-hour sessions with a certified personal trainer. New clients must purchase the **Starter Package** which includes an assessment and 1 additional session. Clients wishing to incorporate fitness assessments into their training sessions may utilize one session as an assessment at any time.

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 may be included in the Fitness Assessment:

Physiological Testing: Physiological measurements will include blood pressure, resting heart rate, body fat %, segmental lean muscle analysis, and resting metabolic rate.

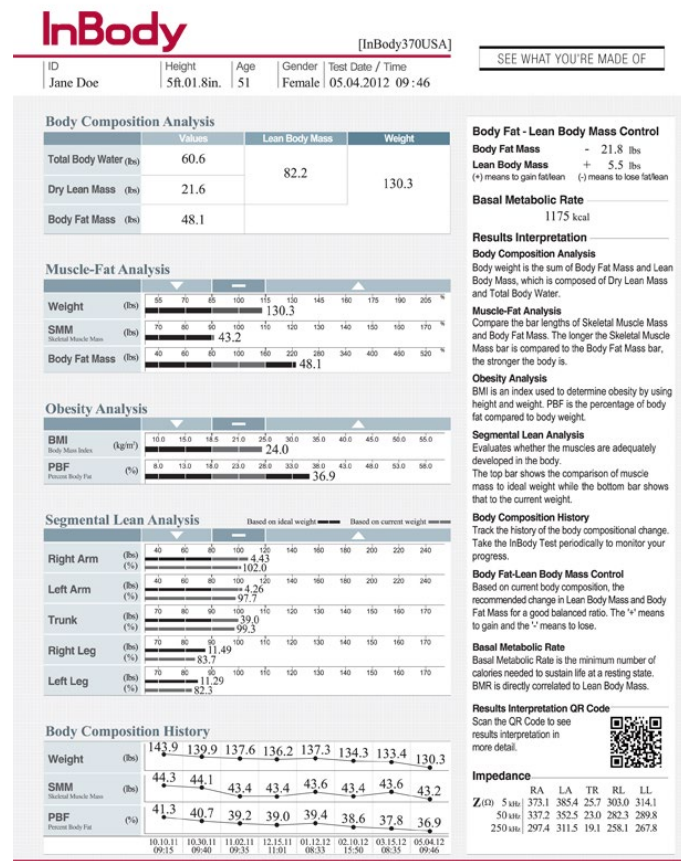
Equipment used:

InBody: This machine looks at a clients individualized body composition profile and provides you with a measure of lean muscle mass, body fat mass, body fat % and segmental lean analysis. (Sample InBody sheet below)

Cardiovascular Testing: The submaximal talk test could be used to measure your aerobic baseline. A client’s aerobic baseline is important for setting up a cardiovascular training program

Movement Testing: A variety of different movement screenings will be performed to assess a client’s mobility through movements that are required in a client’s daily activities of living.

Performance Testing: Performance testing will be based on the clients and at the discretion of the trainer and client. Example: Client interested in resistance training could test their 4 rep max on primary lifts. Example: Client interested in cardiovascular performance could test their mile time.



Registration Form

Upon completion of the packet please send this entire document to fitwell@uark.edu. 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/Trainer Preference:

Please fill out the availability chart below to the best of your ability and with as much detail as possible as it will make the trainer and client matching process much quicker. Selecting a trainer gender preference may delay the trainer and client matching process.

Trainer Preference

No Preference

Male Trainer

Female Trainer

Trainer Name: _____

Preferred Number of Session per Week: _____

Client Availability

Day	Times Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Part I: Package Selection
(please highlight)**

Student Pricing:

Personal Training

Package Type	Package Price	Price per session	Purchased
Starter Package (Assessment + 1 session)	\$56	\$28	()
1 session	\$28	\$28	()
3 sessions	\$81	\$27	()
6 sessions	\$150	\$25	()
9 sessions	\$207	\$23	()

Group Training (2-3 participants)

Package Type	Package Price	Price per session	Purchased
Starter Package (Assessment + 1 session)	\$80	\$40	()
1 session	\$40	\$40	()
3 sessions	\$114	\$38	()
6 sessions	\$204	\$34	()
9 sessions	\$270	\$30	()

UREC Member Pricing:

Personal Training

Package Type	Package Price	Price per session	Purchased
Starter Package (Assessment + 1 session)	\$64	\$32	()
1 session	\$32	\$32	()
3 sessions	\$93	\$31	()
6 sessions	\$174	\$29	()
9 sessions	\$252	\$28	()

Group Training (2-3 participants)

Package Type	Package Price	Price per session	Purchased
Starter Package (Assessment + 1 session)	\$88	\$44	()
1 sessions	\$44	\$44	()
3 sessions	\$126	\$42	()
6 sessions	\$228	\$38	()
9 sessions	\$306	\$34	()

Part II: UREC Personal Training Policies

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

Package Usage

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.

_____ (Initial)

Medical Exemption

In the case of an injury the package will be held for up to 4 months to allow for recovery/rehabilitation from injury. Once client is recovered the package will resume from session date prior to the medical leave.

_____ (Initial)

Cancellations

Any session cancellation needs to be made 24 hours in advance of the scheduled session. 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)

Cancellations-Client Forfeiture

After 3 unexcused session cancellations/no shows the trainer has the right to discontinue the client. Cancellations less than 24 hours prior to the scheduled session are at the discretion of the trainer. Upon client forfeiture no refund will be given for the remaining sessions.

_____ (Initial)

Confidentiality Statement

All documents containing personal information will be stored in a locked file cabinet/password protect account that can only be accessed by your personal trainer. All information disclosed within sessions will remain confidential between the trainer and the client.

I understand and agree to adhere to the UREC personal training policies and understand the confidentiality statement listed above.

Participants's Signature _____ Date: _____

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 |
|------------|-------------------------------|
| _____ | Chest Pain |
| _____ | Heart Attack |
| _____ | Heart Disease |
| _____ | Pacemaker |
| _____ | High Blood Pressure (>140/90) |
| _____ | Diabetes mellitus |
| _____ | Cancer |
| _____ | Currently pregnant/postpartum |
| _____ | Depression |
| _____ | Low Back Pain |
| _____ | Nutrition Related Disorder |

- | You | Family |
|------------|-------------------------|
| _____ | Asthma |
| _____ | Bursitis |
| _____ | Arthritis |
| _____ | Tendonitis |
| _____ | Muscle Injury |
| _____ | Joint Injury |
| _____ | Smoking |
| _____ | Dizziness |
| _____ | Osteoporosis |
| _____ | High Cholesterol (>200) |

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 _____

Phone (Home) _____

(Cell) _____

Relationship _____

(Work) _____

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. On a scale of 1-10, assign each goal a number based on its importance to you (10 being very important):

Improve cardiovascular fitness	_____	Gain weight	_____
Reduce body fat level	_____	Enjoyment	_____
Reshape or tone body	_____	Increase strength	_____
Improve flexibility	_____	Increase energy level	_____
Lose weight	_____	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)
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