

Fall 2017

Small Group Training
Registration



Small Group Training Information Packet

General Information

Session Dates: Monday, September 18th - Thursday, November 16th (8 weeks)

Free class demos will be offered Monday, September 11th -Thursday, September 14th at regularly scheduled class times.

After September 14th, class registration is required

Note: Classes will not run during University holidays.

Small Group Training classes utilizes a variety of trendy fitness equipment in a challenging and fun environment. The UREC certified personal training staff will take you on the ultimate fitness experience while providing you with motivation, tips and progression toward your goals

Class Offerings:

- **UREC RazorFitness** is an eight-week small group training program. Each week builds on the progress made in earlier sessions with exercises designed to improve agility, functional strength, power, and muscular strength. Throughout the program, workouts will deliver varying degrees of intensity, starting with a dynamic warmup and peaking with high-intensity agility and strength exercises utilizing a variety of equipment including TRX Suspension system, ViPR's and TRX Rip trainers. Each UREC RazorFitness team is made up of six participants, creating a friendly and motivational workout environment.
Price: Student members (\$25), UREC members (\$35)
- **Foam Roll Yoga** is an eight-week small group training class. Each week builds on the progress made in earlier sessions with exercises designed to increase flexibility, body awareness, functional strength, core strength, and recovery. Throughout the program, the yoga practice will start with foam rolling, an energizing flow, and end with relaxing Savasana. Foam Roll Yoga is made up of eight participants, creating an inclusive and encouraging environment. Whether you are a yoga novice or seasoned yogi, our certified yoga teacher will motivate you through inspiring and creative yoga practices.
Price: Student members (\$25), UREC members (\$35)
- **TRX® + Kettlebell** is an eight-week small group training class that will incorporate two of the most functional fitness pieces of equipment into one class. Combine strength and cardio training while engaging multiple muscle groups in workouts with the Kettlebell and TRX suspension training system. Swing, press, clean and pull your way to your fitness goals, while adding fun, new exercises to your fitness routine. Each TRX and Kettlebell class is made up of up to six participants, creating a friendly and motivational workout environment.
Price: Student members (\$25), UREC members (\$35)
- **Outdoor Athlete** is an eight-week small group training class designed to improve strength and fitness directly associated with outdoor activities. The class will dedicate different weeks focusing on training for hiking, paddling, cycling, and climbing. Participants will learn supplemental workouts to improve upon their outdoor activity skills. This class is not limited to individuals who pursue these activities. All levels are welcome!
Price: Student members (\$25), UREC members (\$35)

Registration Form

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: _____

Section Offerings: Monday, September 18th - Thursday, November 16th (8 weeks)

Monday	Tuesday	Wednesday	Thursday
Foam Roll Yoga (Union Fitness Center) 11-11:50am	Outdoor Athlete (UREC Train) 6:00-6:50am	Foam Roll Yoga (Union Fitness Center) 11-11:50am	Outdoor Athlete (UREC Train) 6:00-6:50am
TRX® + Kettlebell (UREC Train) 11:00-11:50am	UREC RazorFitness (UREC Train) 12-12:50pm	TRX® + Kettlebell (UREC Train) 11:00-11:50am	UREC RazorFitness (UREC Train) 12-12:50pm
UREC RazorFitness (UREC Train) 6-6:50pm	TRX® + Kettlebell (UREC Train) 4:30-5:20pm	UREC RazorFitness (UREC Train) 6-6:50pm	TRX® + Kettlebell (UREC Train) 4:30-5:20pm
	UREC RazorFitness (UREC Train) 5:30-6:20pm		UREC RazorFitness (UREC Train) 5:30-6:20pm

UREC RazorFitness:

Monday/Wednesday 6:00-6:50pm

___ \$25 Student members ___ \$35 UREC members

UREC RazorFitness:

Tuesday/thursday 12:00-12:50pm

___ \$25 Student members ___ \$35 UREC members

UREC RazorFitness:

Tuesday/thursday 5:30-6:20pm

___ \$25 Student members ___ \$35 UREC members

TRX® + Kettlebell:

Monday/Wednesday 11-11:50am

___ \$25 Student members ___ \$35 UREC members

TRX® + Kettlebell:

Tuesday/Thursday 4:30-5:20pm

___ \$25 Student members ___ \$35 UREC members

Foam Roll Yoga:

Monday/Wednesday 11-11:50am

___ \$25 Student members ___ \$35 UREC members

Outdoor Athlete:

Tuesday/Thursday 6-6:50am

___ \$25 Student members ___ \$35 UREC members

Part II: Participation Agreement

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

I understand that full payment is due upon registration. I recognize that services are non-refundable, non-transferable, and expire at the end of the semester in which services were purchased. I agree to adhere to all UREC Small Group Training policies and procedures. 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

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 (total > 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 coach in preparing and monitoring fitness goals. Please answer to the best of your ability and ask your trainer any questions that you may have.

Height: _____ Weight: _____

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	_____	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 small group 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 ____ - ____ - _____



UNIVERSITY OF
ARKANSAS

COLLEGE OF EDUCATION
& HEALTH PROFESSIONS

UNIVERSITY RECREATION

Please return by mail or fax to Casey Fant.
cfant@uark.edu

Address:	Fax:
HPER 225	479-575-7008 (F)
155 N. Stadium Dr.	479-575-3542 (P)
Fayetteville, AR 72701	