

Client name:

Personal Trainer:

W#

Returning Client: YES or NO

Personal Training Pre-Participation Packet

Dear Client,

Welcome to the Personal Training Program. We are excited that you have chosen to participate in an exercise activity program specifically designed for you. Before we begin the following forms need to be completed so we can provide you with a program that is right for you.

To be completed before your first exercise activity session:

- Physical Activity Questionnaire
- Health History Questionnaire
- Physical Activity Readiness Questionnaire (PAR-Q)
- Personal Training Contract Agreement (copy for Client)
- Personal Trainer/Client Code of Conduct (copy for Client)
- Medical Release Form
- Consultation with Personal Trainer
- Make appointment for first training session
- Purchase desired training package/sessions (SRC Front Desk)

It is recommended that all participants see their medical doctor prior to participating in any rigorous exercise. **Males over the age of 45 or females over the age of 55 ARE REQUIRED to have a Medical Release Form completed and on file prior to participating in any form of exercise activities.**

Physical Activity Questionnaire

To help us get an idea of how familiar you are with different exercises and activities.

1. How did you hear about our PT program?

2. Have you ever performed resistance training exercises in the past?

Yes _____ No _____

(Movement against a resistance such as dumbbells, weight machines, bands, or bodyweight)

3. How often do you participate in physical activity?

___ Never ___ 1-3 times/month ___ 1-2 times/wk. ___ 4-5 times/wk.

4. When doing physical activity, for how long do you remain active?

___NA ___ 20 Minutes ___ 30 Minutes ___ 1 Hour ___ > 1 Hour

5. At what intensity are you physically active? Choose your ability to talk during exercise.

___NA ___Able to talk ___Able to talk but not sing ___Not able to say more than a few words.

6. Did you know that people who schedule activity are more likely to be active?

What time of day works for you to be active? _____

7. Did you know that people who are active with a partner are more likely to be consistently active?

Who is a potential workout partner for you? _____

Will you be willing to ask them to be active with you? Y / N

8. Did you know people who are active on a regular basis tend to be in touch with the “feel good” feelings immediately after activity?

How do you usually feel before physical activity? _____

How do you usually feel after easy or moderate physical activity? _____

9. Daily Activity: Moving daily can be very beneficial long term; small changes add up for both physical and psychological benefits. Which activities could you add this week without much effort?

Which could you add within two weeks?

- | | |
|----------------------------------|-----------------------------------|
| _____ Park near the back lots | _____ Stairs instead of elevators |
| _____ Walk to school/work/out | _____ Bike to school/work/out |
| _____ One active errand (no car) | _____ Walk from one bus stop away |
| _____ Other: _____ | |

10. Aerobic Exercise: Moving for just 10 minutes at low to moderate intensity routinely can help improve sleep, mood, energy level, cognitive functioning, self-esteem, endurance, cardiovascular health, overall quality of life.

Which activities do you currently enjoy?

- | | | | |
|-------------------|---------------|------------------|----------------------|
| € Walking | € Jogging | € Hiking | € Rowing |
| € Cycling | € Dance/Zumba | € Racquet sports | € Frisbee |
| € Stationary bike | € Elliptical | € Yoga/Pilates | € Competitive Sports |
| € Stair climbing | € Swimming | € Spin cycle | € Water Running |
| € Other _____ | | | |

Which activities would you like to try?

11. Resistance Training: Activity that causes the muscles to contract against an external resistance such as dumbbells, bands or by use of your own body weight can lead to benefits in strength, posture, bone health, tone, and endurance.

Which activities do you currently enjoy?

- | | | | |
|---------------------|-----------------|-----------------|-------------|
| € Strength Training | € Calisthenics | € Yard Work | € Yoga |
| € Rock Climbing | € Core Workouts | € Physical Work | € Cross Fit |
| € Other _____ | | | |

Which activities would you like to try?

12. People who identify potential barriers and possible alternatives/solutions before they are active are more likely to be successful. Many of these “excuses” are only perceived. For example, most people say they do not have time to be active; in reality, their biggest barrier is their self-talk and their tendency to talk themselves out of exercising and not talking themselves into being active.

What is your biggest barrier? _____

What is one possible solution to this barrier? _____

13. List in order your health and fitness objectives.

1. _____

2. _____

3. _____

Examples

Overcome hesitation with movement

Learn how to use the machines/weights

Make a connection with other people

Find new fun activities

See what the Recreation Center has to offer

Gain more confidence

Improve sleep

Improve strength

Improve flexibility

Increase energy

Health History Questionnaire

Participant

Name: _____ Date: _____

Address: _____

Local Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: _____

OCCUPATION: _____

Primary Health Care Provider

Doctor: _____ Phone: _____

Address: _____

When were you last seen by a physician? _____

Present/Past History

1. Have you had surgery within the last 2 years? Yes _____ No _____

Explain: _____

2. Do you have any past or present orthopedic injuries? Yes _____ No _____

3. Are you taking any medications (prescribed or not)? Yes _____ No _____

Please List: _____

4. Are you taking any supplements or vitamins? Yes _____ No _____
(examples: vitamins, minerals, herbs, enzymes, amino acids, organ tissue)

Please List: _____

5. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

6. Please check all conditions that you currently have or have had in the past.

- Heart attack Diabetes Stroke Chest discomfort Heart murmur
- Trouble sleeping Migraine or headache Broken Bone Shortness of breath
- Anemia Asthma Epilepsy Anxiety Depression
- Fatigue Hernia Arthritis Limited range of motion Pain

Explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

7. Which of the following areas would you like more information about? Check all that apply.

- Alcohol use Drug use Sexual health Sexual Assault Time management
- Emotional health Relationships Body image Stress management
- Smoking cessation Anxiety Women's health Men's health Depression
- Avoiding illness Addiction Family health history Alternative providers
- Sleep Nutrition Environmental health Food Safety Social Activities
- Other _____

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would preclude safe participation in this exercise program.

Signed: _____ Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Every participant must sign the Campus Recreation Waiver form prior to engaging in any activities. This form can be obtained from Campus Recreation Website or at the front desk at the recreation facility.

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- Y** **N** Has a physician ever said you have a heart condition, and you should only do physical activity recommended by a physician?
- Y** **N** When you do physical activity, do you feel pain in your chest?
- Y** **N** When you were not doing physical activity, have you had chest pain in the past month?
- Y** **N** Do you ever lose consciousness or do you lose your balance because of dizziness?
- Y** **N** Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- Y** **N** Is a physician currently prescribing medications for your blood pressure or heart condition?
- Y** **N** Are you pregnant or post-partum?
- Y** **N** Do you have insulin dependent diabetes?
- Y** **N** Are you a man over the age of 45 or a woman over the age of 55?
- Y** **N** Do you know of any other reason you should not exercise or increase your physical activity?

Yes to one or more questions: It is strongly recommended that you have a **Medical Clearance Form** completed BEFORE you become significantly more physically active.

No to all questions: If you answered **NO** honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness training program.

Note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness instructor, and ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant's signature: _____ Date: _____

Signature of witness (Trainer): _____ Date: _____

PERSONAL TRAINING CONTRACT AGREEMENT

In order to see improvements towards your health, fitness, and or performance goals, it's imperative for you to follow programming protocols both during supervised and (if applicable) unsupervised training days. While working with us, every effort will be made to ensure your safety; however, as with any exercise/activity program, there are inherent risks. These risks include, but are not limited to, increased heart stress and chances of musculoskeletal injuries. In signing up for this program, you agree to assume responsibility for the mentioned inherent risks and waive any possibility for personal damage.

A Medical Release form is mandatory for (1) participants with any exercise/ physical restrictions; and (2) all men 45 years or older and all women 55 years and older. Personal training participants who do NOT have a prior medical examination **MUST acknowledge that they have been informed of its importance.** By signing below, you accept full responsibility for your own health and well-being.

1. **CANCELLATIONS** must be made 24 hours in advance of schedule training appointments. If you can't contact your trainer, then call Ron Arnold 360-650-4248 and leave a message for them.
2. **NO SHOW:** clients that fail to show for their scheduled appointments will forfeit that session. Trainers that fail to show, will owe the clients two PT sessions one for the missed appointment and one for inconveniencing the client.
3. Personal Trainers having more than one NO SHOW within a quarter, may be subject to department disciplinary process. Clients' please inform the Fitness coordinator if this occurs. Ron Arnold at 360-650-4248 office.
4. **LATE SHOWS** A 10 minute rule will apply for scheduled appointments. If you don't show within 10 minutes past your scheduled appointment, the personal trainer will not be obligated to train you on that particular day. If the trainer decides to leave, you will forfeit a paid training session. If the trainer stays and you show up, they will only train you for the remainder of the scheduled training hour.
5. **PT sessions will expire 6months from the date of this signed contract.**
6. No personal training refunds will be issued for any reason.
7. Your paid sessions are to be used by you and are not transferable to any other person.

I (Client print name): _____, agree to the best of my knowledge, that I have no limiting physical conditions or disabilities that would preclude myself from participating in an exercise/activity program with a Personal Trainer at the Wade King Student Recreation Center.

Clients Signature): _____ Date: _____

Witness (Trainer) Signature: _____ Date: _____

PERSONAL TRAINER / CLIENT CODE OF CONDUCT

1. Personal Trainers shall be committed to providing information that is consistent within the requirements and the limitations of their professional and credentialing association.
2. Personal Trainers shall preserve the confidentiality of privileged information, and shall not release such information to a third party unless the client consents to such release or release is permitted or required by law.
3. Personal Trainers and Clients shall comply with applicable local, state, federal laws and WWU, and SRC policy.
4. Personal Trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
5. Personal Trainers shall provide only those services for which they are qualified to give with their level of education and/or experience and by pertinent legal regulatory process.
6. Personal Trainers shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession or on WKSRC.
7. Personal Trainers shall not place financial gain above the welfare of the Client being trained and shall not participate in any arrangement that exploits the clients.
8. Personal Trainers shall never discriminate against any client based on race, creed, national origin, gender, religion, age, handicap/disability, sexual orientation or any other such legal classifications.
9. Personal Trainer and client shall maintain a direct means of communicating to allow for prompt, precise, and punctual service.

Personal Trainers Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Medical Release Form

Your Patient, _____, wishes to start a personalized fitness program with a personal trainer from Campus Recreation Services at Western Washington University.

The activity will involve but is not limited to: fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure.

If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication _____

Effect _____

Please identify any other recommendations or restrictions for your patient in this exercise program:

_____(Client's full name) has my approval to begin an exercise program with the recommendations or restrictions stated above.

Printed name _____

Signed _____ Date _____ Phone _____

Thank you,
Ron Arnold AT/L
Fitness Program Coordinator
Campus Recreation Services
(360) 650-4248 Office ; **(360) 650-7394** Fax