



Pre-Participation Packet

Dear Client,

Please complete this packet prior to your consultation. All pertinent health information that would affect your safe participation in a rigorous exercise program at the Wade King Student Recreation Center must be documented and explained thoroughly within the following forms.

It is highly recommended that all participants see their medical doctor prior to participating in any rigorous exercise. Any clients that are male over the age 45 or female over the age of 55 MUST have a doctor's release form completed and on file prior to participating in any form of exercise.

To be completed before your first exercise session:

- Doctor's Release Form (if necessary refer to above)
- Health Screen Questionnaire
- Physical Activity Readiness Questionnaire (PAR-Q)
- Personal Trainer/Client Code of Conduct
- Personal Training Service Agreement/terms and conditions
- Consultation with Personal Trainer
- Purchase desired training package (Front Desk)
- Make Appointment for First Training Session

**All males 45 + years of age
& females 55 + years of age
must have a medical release
completed by their
physician before a trainer
will begin any fitness
regimen or an assessment
will be performed.**

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
Fitness Program Coordinator
Campus Recreation Services
(360) 650-4248 Office ; **(360) 650-7394** Fax

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:

_____ Date: _____

CONTRACT AGREEMENT

With the help of our personal trainers, you will greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The methods and details of our training programs can be used for years to come.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. During your exercise program, every effort will be made to ensure your safety. However, as with any exercise program, there are inherent risks, including increased heart stress and chance 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. ***You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.***

A physician's examination may be mandatory for (1) participants with any exercise restrictions; and (2) all men 45 years or older and all women 55 years and older. Personal training participants in either or both of these categories who do NOT have a prior physician's 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 AND you acknowledge an understanding that no responsibility is assumed by the leader (personal trainer) of this program, **Wade King Student Recreation Center, and or Western Washington University.**

It is recommended that all program participants work with their trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

1. **CANCELLATIONS** you must cancel a session 24 hours in advance or you will forfeit a paid session. Make sure client/ trainer contact information is known by both parties. If you can't contact your trainer then call Ron Arnold at 360-650-4248 office
2. **NO SHOW:** If either party fails to give 24 hour notification of cancellation, then restitution would be forfeiting a paid session (client), giving an extra session in addition to their regular sessions to the client (Trainer).
3. ***Personal Trainer's having more than one NO SHOW within a quarter, will automatically be given their due process in lieu of the department disciplinary process. Client, please inform the Fitness coordinator if this incident 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. ***All remaining training sessions will expire 6months from the date of this contract (when you sign and date below).***
6. No personal training refunds will be issued for any reason.
7. Your paid sessions are to be used by you and you alone and are not transferable to any other client or patron.
8. There is **"BUDDY TRAINING"** now for students only. You may share the cost of hiring a personal trainer. This is limited to two participants ONLY!

Participants Name (printed): _____

Participants Signature: _____ Date: _____

Witness (Trainer) Signature: _____ Date: _____

Number of Sessions purchased : _____

CLIENT CODE OF CONDUCT

1. Personal Trainers shall be committed to providing information that is consistent with both the requirements and the limitations of their profession.
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, and federal laws and with the WKSRC guidelines (see personal trainer manual).
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: _____

Witness Signature: _____ Date: _____

Personal Activity Questionnaire

Name: _____

Date: _____

Phone: _____ Email: _____

Age: _____ Gender: _____

1. How often do you participate in physical activity?

- Never
- Occasionally (1-3 times/month)
- Semi-Regular (1-2 times/week)
- Regularly (4-5 times/week)

2. For how long do remain active?

- 20min.
- 30min.
- 1 hour
- Other _____

3. At what intensity are you physically active?

- Never
- Low
- Fairly Low
- Moderate
- Somewhat high
- High

4. What physical or leisure activities do you enjoy? _____

5. What are your personal barriers/challenges to physical exercise? _____

6. What type of exercise interest you?

- Cardiovascular machines
- Walk/run programs
- Free weights
- Weight Machines
- Sport skills
- Flexibility training
- Weight machines
- Swimming
- Rock climbing

7. What is your reason for having a personal trainer? _____

8. Please check which goals apply to you.

- Improved cardiovascular fitness
- Weight loss
- Reshape/tone body
- Improve performance in a sport
- Improve flexibility
- Increase energy
- Increase strength
- Other_____

What specific goals do you want to achieve?

9. What motivates you?

10. Is there anything else you feel your trainer should know?

Health History

Participant

Name: _____

Address: _____

Local Phone: _____

Email: _____

Birthdate: _____ Age: _____ Gender: _____

Primary Health Care Provider

Doctor: _____ Phone: _____

Address: _____

1. Do you Smoke? _____ How often?

2. Do you use alcohol? _____ How often?

3. Do you have high or low blood pressure? Y or N What were the last 3 readings?

___/___; ___/___; ___/___

4. Do have any cardiovascular problems or disease? Y or N, Explain:

5. Have you experienced chest pain when doing physical activity? Yes or No

6. Do you loose consciousness or loose balance because of dizziness? Yes or No

7. Are you pregnant or post-partum? Yes or No

8. Do you have diabetes? Y or N, Explain:

9. Have you had surgery within the last 2 years?

What? _____

10. Are you taking any medications (prescribed or not)? Please List.

11. Are you taking any supplements or vitamins? Please List?

12. When were you last seen by a physician?

13. Do you have any injuries or orthopedic problems (bursitis, bad back, bad knees, etc.)

14. Have you been told you have high cholesterol levels?

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

- Heart attack
- Diabetes
- Stroke
- Chest discomfort
- Heart murmur
- Trouble sleeping
- Migraine or headache
- Neck problems
- Back problems
- Broken Bones
- Shortness of breath
- Anemia
- Asthma
- Epilepsy
- Anxiety or depression
- Fatigue
- Hernia
- Stomach problems
- Limited range of motion
- Arthritis
- Swelling of joints

Please, explain any conditions that you checked (i.e. treatment, symptoms, restrictions)

16. Have you in the past or currently had/have any other medical conditions or problems not previously mentioned? Explain?

Consent Form

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would restrict my ability to participate in this exercise program.

Signed: _____

Date: _____