

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

UNIVERSITY *of*
NORTHERN COLORADO



Campus Recreation



Registration

-Confidential-

Personal Information

Name: _____ Age: _____
 Gender: M F Height: _____ Weight: _____
 Phone: _____ Email: _____
 Campus Affiliation (please circle one): Faculty Staff Student Other _____

Emergency Contact Information

Name: _____ Relation: _____
 Home Phone: _____ Work Phone: _____

What goals would you like to achieve from participating in Personal Training services? _____

Personal History and Medical Information

Please indicate whether you currently have or if you ever had a significant problem with any of the symptoms or conditions listed below. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

***Note:** if you answered “yes” to one or more questions above, you are required to obtain medical clearance before participating in Personal Training services. Your safety when becoming more physically active is our main concern. If you are pregnant or your health changes prior to exercising so that you answer “yes” to any of the above questions, you must speak with your doctor before meeting with a Personal Trainer.

Please list any medical concerns/conditions that might limit your ability to participate in Personal Training services (pregnancy, disability, etc.):

Please list any known allergies (environmental, medications, food, etc.):

Please list current medications including over-the-counter medications, prescriptions, etc.

Medication	Dosage	For What?



Informed Consent

I _____, have enrolled in a program of strenuous physical activity including any or all of the Campus Recreation Center of the University of Northern Colorado services and programs. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in an exercise program.

In consideration of my participation with the Personal Training program at the Campus Recreation Center of the University of Northern Colorado, I, _____, for myself, my heirs, and assigns, hereby release the Personal Training Program of the University of Northern Colorado (its employees and staff), from and claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in the exercise program and I hereby release the State of Colorado, the University of Northern Colorado its Trustees, officer employees and agents from any liability now or in the future including, but not limited to, heart attacks, muscle strains or muscle pulls, broken bones, shin splints, heat prostration, knee/low back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Signature: _____ Date: _____

Terms & Conditions

Before I, _____, meet with a UNC Campus Recreation Personal Trainer, take part in fitness testing, or engage in a training program, I certify that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during fitness testing and/or exercise programs. I understand that I may have to provide a medical clearance from my doctor prior to participating in any UNC Campus Recreation Personal Training services.

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 UNC Campus Recreation Personal Training policies and procedures.

I also understand that if I need to cancel an appointment, I must call the Recreation Center at least 24 hours prior to my scheduled session/appointment, if I do not call 24 hours prior, that session will be forfeited. I am fully aware that if I consistently cancel/reschedule my workouts, my trainer has the full right to release me as a client, and forfeit any remaining workouts

As my signature indicates, I affirm that I have read and fully understand the above.

Signature: _____ Date: _____

Client Confidentiality

Information will not be released without the individual's permission, except in emergency situations. All information regarding your fitness assessment, program, and progress will be kept confidential and remain in UNC Campus Recreation files for 4 years following the cessation of your participation in the program.

Regular evaluation of your trainer's performance and your progress will be completed using written and verbal communication with your trainer and our fitness staff. If you have any feedback regarding your trainer of the program, please contact LeeAnne Kosovich Graduate Assistant for Fitness and Wellness at (970)351-1893 or leeanne.kosovich@unco.edu.