

UNIVERSITY *of*
NORTHERN COLORADO



Campus Recreation

Personal Training Program

Client Registration

-Confidential-

UNC Campus Recreation Personal Training Services Summary and Costs

	Student	Non-Student
QuickStart	\$40	\$50
4-10 Sessions	\$18/1 hr. session	\$24/1 hr. session
11-20 Sessions	\$16/1 hr. session	\$22/1 hr. session
21+ Sessions	\$14/1 hr. session	\$20/1 hr. session
Buddy Session (min. of 4)	\$26/1 hr. session	\$36/1 hr. session
Small Group Training	\$75/person (12 sessions total)	\$100/person (12 sessions total)
Fitness Assessments		
Body Composition Only	\$10	\$10
Full Assessment	\$20	\$20

For more detailed information and service descriptions please visit: www.unco.edu/campusrec

Personal Training Information

Please Read Carefully

Thank you for making a commitment to your health and wellness through the UNC Campus Recreation Personal Training Program; once we have received your completed paperwork (including payment), you will:

1. Be assigned a Personal Trainer based on your information and preferences.
2. Be contacted by your Personal Trainer to schedule your first meeting within one week.

Personal Training Services Policies

In order to help make your experience a positive one, we ask that you observe the following policies:

1. Payment and Client Registration Packet must be received before a trainer will be assigned. Personal Trainers cannot take session payments. Please pay for sessions at the Campus Recreation Entry Desk. Remember to keep your receipt for proof of purchase.
2. The first session of one on one sessions and buddy session will be dedicated to a full fitness assessment and goal setting/discussion.
3. **All training sessions must be used within the semester purchased.**
4. Call the Campus Recreation Entry Desk at 351-2062 if you know you will be late (Personal Trainers will wait 15 minutes and then that scheduled session will be forfeited). If you are late, the session will only last until the end of the hour for which that session was scheduled.
5. If needed, sessions must be rescheduled 24 hours in advance or they will be forfeited (call your Personal Trainer or the Campus Recreation front desk to leave a message for your trainer at 351-2062).
6. Be ready to work hard during each session; wear athletic type shoes and clothing; bring a towel and water bottle.

Fitness Assessment Pretest Guidelines

To assure the best possible accuracy of the fitness assessment, please follow the guidelines listed below.

1. No eating or drinking 4 hours prior to testing, (if able)
2. Please wear appropriate clothing for physical activity (shorts recommended)
3. No exercise 12 hours prior to testing
4. No alcohol consumption 48 hours prior to testing
5. No diuretic medications 7 days prior to testing
6. Female Patrons: please schedule your assessment to avoid menstruation

Source: advanced Fitness Assessment Exercise Prescription – Third Edition – Vivian H. Heyward

Personal Information

Name: _____ SSN/Bear #: _____ DOB/Age: _____
 Gender: M F Height: _____ Weight: _____

Campus/Current Information

Address: _____ Daytime Phone: _____
 City: _____ State: _____ Zip: _____ Evening Phone: _____
 Email: _____
 Preferred Method of Contact: ___ Phone ___ Email
 Campus Affiliation (please circle one): Faculty Staff Student Other _____
 Major/Degree/ Department: _____ Expected Graduation Date: _____

Home/Permanent Information (if different from above)

Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Emergency Contact Information

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

How did you learn about the UNC Personal Training Services?

___ Campus Recreation Brochure ___ Campus Recreation Flier ___ Friend
 ___ Campus Recreation Website ___ Other (please explain) _____

Training Availability

Please indicate the days and times mark the days you are available and prefer to train.

Monday _____ Thursday _____ Saturday _____
 Tuesday _____ Friday _____ Sunday _____
 Wednesday _____

Would you like to request a specific trainer or do you have a preference? (male/female, and/or name from Personal Trainer Bio Book)

Please indicate your current levels of satisfaction:

	Very Dissatisfied		Dissatisfied				Satisfied		Very Satisfied	
	1	2	3	4	5	6	7	8	9	10
Weight	1	2	3	4	5	6	7	8	9	10
Body Composition	1	2	3	4	5	6	7	8	9	10
Physical Activity Level	1	2	3	4	5	6	7	8	9	10
Use of Tobacco Products	1	2	3	4	5	6	7	8	9	10
Blood Pressure & Cholesterol	1	2	3	4	5	6	7	8	9	10
Muscular Strength & Endurance	1	2	3	4	5	6	7	8	9	10
Cardiovascular Endurance	1	2	3	4	5	6	7	8	9	10
Stress Levels	1	2	3	4	5	6	7	8	9	10
Nutrition	1	2	3	4	5	6	7	8	9	10
General Health & Lifestyle	1	2	3	4	5	6	7	8	9	10

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 may be 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.

Have you ever had?	Yes	No	Not Sure	If yes, please give most recent date that test was given.	High more than one time? Yes or No
High Blood Pressure					
High Blood Glucose					
High Cholesterol					
Have you ever had?	Comments/Explanation:				
Heart Trouble (murmurs, palpations, etc.)					
Atherosclerosis					
Asthma					
Diabetes					
Cancer					
Stroke					
Lung, Kidney, Thyroid, or Liver Disease					
Unexplained Weight Loss or Gain					
Chronic Fatigue					
Hypoglycemia/Low Blood Sugar					
Arthritis or Rheumatic Condition					
Bone, Joint, or Muscle Injury					
Neck/Shoulder/Back Pain					
Chest Pain/Discomfort					
Shortness of breath.....					
at rest					
with exercise					
while sleeping					
Hepatitis or Other Blood Condition					
Dizziness/Light Headedness/Fainting					
Epilepsy					
Eating Disorder					
Edema (swelling)					
Joint Pain/Discomfort					
Other:					

Have any family members had?	Yes	No	Which family member(s) (relation)?	Age at which they were diagnosed
Heart Attack				
Heart Surgery				
Early (Sudden) Death				
Hypertension (High Blood Pressure)				
High Cholesterol				
Diabetes				
Stroke				
Cancer				
Other:				

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?

Personal Habits:

1. Do you take a vitamin or dietary supplement on a regular basis? ___yes ___no What? _____
2. Are you currently on a special diet or dietary restrictions? ___yes ___no
3. Do you consider yourself overweight/underweight? ___yes ___no If yes, (please circle) under over
4. Do you currently use tobacco products? ___yes ___no If yes, what products? _____

Exercise History and Attitude:

1. Have you been involved in a routine of regular aerobic exercise (moderate, continuous activity for at least 15-20 minutes duration, at least 3 days per week)? ___yes ___no
If yes, for how long and what activities? _____
If no, when was the last time you can recall being active for at least 20 minutes? What activity were you doing?

2. Are you currently involved in a weight training and conditioning program? ___yes ___no
Min/Day _____ Days/Week _____
If yes, please explain/summarize your current program (exercises, free weights, goals, etc...)

3. Check the activities you would consider doing and circle the activities you consider "fun."
___Walking ___Rowing ___Group Fit Classes ___Strength Training ___Athletic Drills
___Swimming ___Jogging ___Cycling ___Cardio Machines
Other Activities You are Interested in? _____
4. How much time are you planning to devote to a fitness regimen?
On your own time: ___days/week ___minutes/day
Meeting with a Personal Trainer: ___days/week (all sessions are one hour)

Date Received: _____
Receipt #: _____
Purchase Date: _____
Pkg. Purchased: _____
<i>Office Use Only</i>

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: _____ Witness: _____ 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

Signature: _____ Date: _____

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

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 Kelsey Lundy, Coordinator of Fitness, at (970) 351- 1540 or kelsey.lundy@unco.edu.