

North Georgia Recreational Sports
Personal Training Information Sheet

The purpose of this program is to instruct beginning, intermediate, and advanced exercisers in the proper techniques and habits that will help them reach their desired fitness goals.

Trained staff will provide fitness programs tailored to your specific needs that will help you increase your fitness level. Trainers will assist in this process by establishing reachable and realistic goals, providing motivation, and educating you in various aspects of fitness training.

The program will include cardiovascular, resistance, and flexibility training. Each session will last one hour. Before the initial training session, participants will undergo a consultation and a recommended Fitness Assessment to aid the trainer in putting together an appropriate program.

Group training is a new service we are offering. With Group Training you and 1-3 of your friends will come get a personalized workout from your trainer that will include individual and group exercises. This type of training is intended to motivate you and keep you accountable to meet your fitness goals.

Individual Training	1 Session	3 Sessions	6 Sessions	10 Sessions	Additional Sessions
Students, Faculty & Staff	\$25	\$60	\$110	\$160	\$20/session
Community Members	\$30	\$75	\$130	\$190	\$25/session

*All Sessions must be used during the semester in which they were purchased.

Group Training	1 Session	3 Sessions	6 Sessions	10 Sessions	Additional Sessions
Students, Faculty, Staff, & Community Members	\$20/client	\$50/client	\$90/client	\$125/client	\$15/client

*All Sessions must be used during the semester in which they were purchased.

Fitness Assessments are also available for \$5 and are recommended when you begin working with a trainer and after 3 months.

It is recommended that you meet with your trainer twice per week to see optimal results, along with working out on your own. It is our goal that you will learn the basics of working out and will be able to begin creating your own exercise plans after working with our trainers.

Personal Training Etiquette

- Payment can only be taken the North Georgia Business Office. Neither the trainer nor the Recreational Sports Department will take payments.
- Call the Rec Center at 706-864-1458 if you will be late (trainers will wait 15 minutes before the scheduled session is forfeited). If you are late, the session will only last until the end of the hour for which that session was scheduled.
- If needed, sessions should be rescheduled 12 hours in advance or they will be forfeited. To do so, you must call the Recreational Sports Department at 706-864-1622.
- Be ready to work hard during each session. You should wear athletic clothing, bring a water bottle, and have your ID Card.

Interested individuals should pay for sessions at the North Georgia Business Office. **PERSONAL TRAINING PAPERWORK (LOCATED ON THE REC SPORTS WEB SITE) AS WELL AS VERIFICATION OF PAYMENT** must be turned in to the Recreational Sports Department. NO APPOINTMENTS will be made without a receipt from the Business Office. Based on the information turned in to the Recreational Sports Office, you will be able to pick a trainer, and be contacted for your first appointment.

North Georgia Personal Training is designed for healthy individuals within our campus community. The program is not designed for pre or post-natal women, individuals on medication, individuals under the direct care of a physician, or individuals with physiological injury. All males 45 years and above and all females 55 years and over are required to have a physician's approval prior to participating in this exercise program.

Questions? Look on the Rec Sports web site www.northgeorgia.edu/recsports/personaltraining or contact Nicole Dudley at ndudley@northgeorgia.edu.

Business Office Use Only

Personal Training Rates

Individual/Group	1 Session	3 Sessions	6 Sessions	10 Sessions	Additional Sessions	Fitness Assessment
Students, Faculty & Staff	\$25/\$20	\$60/\$50	\$110/\$90	\$160/\$125	\$20/\$15	\$5
Community Members	\$30/\$20	\$75/\$50	\$130/\$90	\$190/\$125	\$25/\$15	\$5

*Money should be deposited into Recreational Sports Account # 452615 13000 11000

North Georgia
Department of Recreational Sports
Fitness Assessment Information

The following tests will be administered to help determine present health status and help identify possible risk factors associated with coronary heart disease.

1. Height and Weight
2. Resting Heart Rate
3. Resting Blood Pressure
4. Body measures using skin fold calipers to determine percent body fat
5. Flexibility test to assess lower back and hamstring flexibility
6. Muscle Strength and Endurance Testing
These tests will include push-ups and sit-ups.
7. Cardiovascular Test
 - The YMCA exercise test is performed with the participant on a cycle ergometer (stationary bike). The test consists of four, three-minute stages. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level.
 - Other tests may be used if the trainer deems them a better evaluation of fitness.

Please follow these pre-test Guidelines:

1. Wear running shoes, shorts, and a loose fitting shirt. Ladies, please wear a sports bra, and do not wear tights.
2. Do not eat a large meal within 4 hours of the assessment.
3. Avoid moderate or vigorous physical activity within 12 hours of the assessment.
4. Abstain from alcohol consumption within 48 hours of the assessment.
5. Ingest no diuretic agents, including caffeine, prior to the assessment unless prescribed by your physician.
6. Drink ample fluids over the 24-hour period preceding the test to ensure normal hydration before testing.

Health History Questionnaire

Name _____ Date _____

DOB _____ Phone _____

Gender _____ Height _____ Weight _____ Age _____

Emergency Contact _____ Phone _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with NGCSU personal training, please read the following questions carefully and answer each one honestly. All information will remain confidential.

Please check YES or NO:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced pain, discomfort, tightness or numbness in the chest, neck, jaw, or arms?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced shortness of breath at rest or with mild exertion?
<input type="checkbox"/>	<input type="checkbox"/>	Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced difficult, labored, or painful breathing during the day or at night?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced ankle swelling?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced rapid pulse or heart rate?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced intermittent cramping?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever experienced unusual shortness of breath or fatigue with usual activities?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you engage in physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Body Mass Index >30 or a waist girth > 100cm?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Has a physician ever told you or are you aware that you have high blood pressure? If known, list BP _____
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your immediate family (parents, brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
<input type="checkbox"/>	<input type="checkbox"/>	Has a physician ever told you or are you aware that you have a high cholesterol level? Total Cholesterol _____ HDL _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently smoke or have you quit within the past 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a male over 44 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a female over 54 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently exercising LESS than 1 hour per week? If no, please list your activities.

Are you currently taking any medication, vitamins, or supplements? Please list the medication and its purpose.

Have you ever had any of the following?

- | | |
|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Surgery | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Phelibitis |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Emboli |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Heart Clicks | <input type="checkbox"/> Emotional Disorders |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Bronchitis/Chronic Bronchitis | |

Do you have any special conditions not listed above? _____

Please give details concerning any items checked above.

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

Name _____ Date _____

Signature _____

Staff Use Only

Low Risk _____ Moderate Risk _____ High Risk _____

Resting BP _____ Resting Heart Rate _____

Do meds affect BP Or HR? _____ Date _____ Initials _____

Personal Information & Exercise History/Attitude Questionnaire

Name _____ North Georgia ID _____

Address _____ City _____

State & Zip _____ Phone _____

Cell Phone _____ Email _____

Campus Affiliation (Circle One) Faculty Staff Student Community Member

Please List any Fitness Goals that you would like to achieve from your personal training sessions.

1 _____

2 _____

3 _____

Do you have any preference regarding a personal trainer (example: male or female)?

Please mark the days that you are available to train and write in times that you available.

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

In the past six months, how often have you been engaged in physical activity?

Regularly (3-4 time/week)

Semi-regularly (1-2 times/week)

Sporadically (1-2 times/month)

None

Do you have any negative feelings towards, or have you had any bad experiences with physical activity programs?

Yes If yes, please explain _____

No _____

Circle the number that corresponds to the response which best describes you and your feelings for each of the following statements below.

(1=low ability/interest, 5=high ability/interest)

Importance of completion during exercise.

1 2 3 4 5

I enjoy being pushed and/or motivated during exercise.

1 2 3 4 5

My present cardiorespiratory (aerobic) fitness level.

1 2 3 4 5

My present muscular fitness level.

1 2 3 4 5

My present flexibility level.

1 2 3 4 5

Do you start an exercise program, but then find yourself unable to stick with it?

Yes

No

Are you currently involved in regular cardiorespiratory (aerobic) exercise?

Yes Minutes/Day _____ Days/Week _____

Type of Exercise _____

No Why not? _____

Rate your perception of the exertion of your current exercise program.

Light Fairly Light Somewhat Hard Hard

During the last six months, in what other exercise, sport, or recreational activities have you participated?

Activity _____ How often _____

What types of physical activity do you consider fun?

Why do you want to exercise?

How much time are you willing to devote to an exercise program?

Minutes/Day _____ Days/Week _____

Have you ever experience soreness after a workout?

Yes If yes, was it?(Circle One)

Pleasurable Tolerable Never want to Experience It Again!

No

How many meals and/or snacks do you have a day?

Do you feel that you eat healthy most of the time?

Yes Explain _____

No Explain _____

How many glasses of water do you drink per day? (Circle one)

0-2 3-5 6-8 9-12 More than 12

Please list any other consideration or information that your trainer should be aware of before getting started. (Examples include injuries, exercises or activities you do not like or cannot do, effective motivation techniques for you, etc.)

Informed Consent for Participation in a Personal Fitness Training Program

1. Purpose and explanation of procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardio respiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. Trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and other health/fitness-related programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop. It is my understanding and I have been clearly advised that it is my right to request that a test or any exercise be stopped at any point if I feel unusual discomfort or fatigue.

I understand that while I exercise, a personal fitness trainer will periodically monitor my performance and perhaps measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. Risks

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be expected and available alternatives to exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 3 to 6 months.

4. Confidentiality and use of information

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. Inquiries and freedom of consent

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally, these requests have been noted by the interviewing staff with his/her responses as follows:

I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Client's Signature _____ Date _____

Witness _____