

NGCSU 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 Fitness Assessment and consultation to aid the trainer in putting together an appropriate program.

	1 Session (+ Assessment)	3 Sessions (+ Assessment)	6 Sessions (+ Assessment)
Students, Faculty & Staff	\$25	\$60	\$110
Community Members	\$30	\$75	\$130

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

Personal Training Etiquette

- Payment can only be taken the NGCSU 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 NGCSU 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 assigned a trainer, and contacted for your first appointment.

NGCSU 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.ngcsu.edu/recsports or contact Mindy Henderson at mbhenderson@ngcsu.edu.

 Business Office Use Only

Personal Training Rates

	1 Session	3 Sessions	6 Sessions
Students, Faculty & Staff	\$25	\$60	\$110
Community Members	\$30	\$75	\$130

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

NGCSU
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.

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 _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> 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 (for example, back, knee or hip) 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 <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

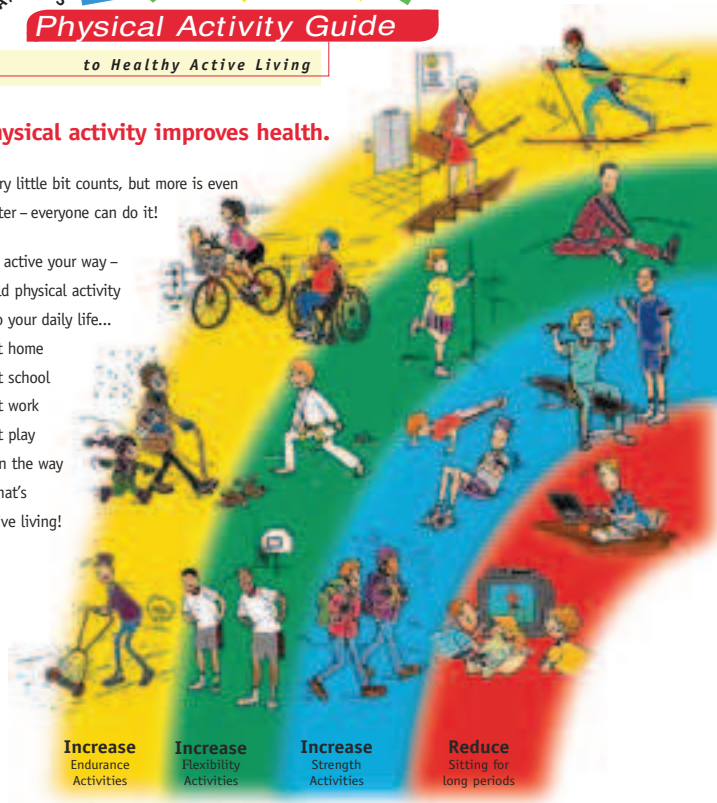


Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling • Dusting	60 minutes • Light walking • Volleyball • Easy gardening • Stretching	30-60 minutes • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	20-30 minutes • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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Supported by:



Health Canada Santé Canada

Personal Information & Exercise History/Attitude Questionnaire

Name _____ NGCSU 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 _____