Personal Training Client Policies and Procedures

General Information

- Personal Trainers are certified through a nationally recognized personal training certification (ACSM, NSCA, ACE, AFAA, ISSA or equivalent).
- Clients are expected to observe all University of Akron SRWC rules, guidelines, policies, and procedures, including those specific to Personal Training.
- Registration for all Fitness and Wellness programs can be done in person in the Wellness Suite or over the phone by calling (330) 972-6599. Fitness and Wellness reserves the right to request a Physician's Clearance Form before a patron can schedule for or participate in any program.

Session Information

- Personal Training sessions cannot be scheduled until the Physical Fitness Assessment has been completed. Sessions or packages must be paid for prior to scheduling. Please pay in the Information Office, SRWC room 207.
- Personal Training packages can only be used by the specific person or group of individuals for whom it was purchased. Packages purchased for another individual or groups will be charged the appropriate rate for the intended recipient.
- All single sessions must be completed within 6 months of the purchase date and all packages must be completed within 1 year of the purchase date.
- Once a trainer is selected or assigned, you will be notified by that trainer within 48 hours to schedule an appointment.
- All sessions will be 30 minutes in length and two (2) or more sessions may be scheduled back-to-back if desired.
- If late, you run the risk of losing your appointment and being charged. Clients are responsible for contacting the trainer if he/she will be more than five minutes late. Trainers are responsible for waiting 15 minutes for late arrivals. Clients will only receive the remaining portion of their session.
- If a trainer is late for a session, the time is owed to the client. This may be done during that particular session or time should be added to a future session.
- Cancelling or rescheduling your Personal Training sessions must occur 12 hours prior to the start of the session by contacting your trainer. If a trainer must cancel or reschedule he/she must do so within 12 hours prior to the start of the session.
- If a trainer does not show for the mutually scheduled session then the session will be made up and the client will receive an additional free session.

Other Information You Should Know

- Begin each Personal Training session by meeting your trainer in the Wellness Suite located in the lower level of the SRWC, room 107.
- It is highly recommended that a sensible nutrition plan is utilized in order to achieve the full results possible. Trainers are not allowed to recommend or give advice on nutrition or performance enhancing supplements. If you have questions regarding these topics you should visit University of Akron Nutrition Center homepage at http://www.uakron.edu/colleges/faa/schools/fcs/nutrition/Nutrition
- If at any time you are not satisfied with your trainer, please contact the Manager of Fitness and Wellness at (330) 972-8382 or email bhartma@uakron.edu.
- Clients are not permitted to bring other individuals with them to the sessions unless they are participating in a group session.
- We are continually educating our staff and encouraging hands-on experience so there is a chance that your trainer may have a staff member shadowing them. If this is a problem please inform your trainer.

FAQs

- Who needs a personal trainer?
 - Anyone who is serious about achieving their fitness goals. If you wanted to learn how to play the piano, instead of trying by yourself through trial and error for years and possibly never learning how to play, you'd probably hire a professional to teach you how. The same principle applies to fitness.
- Why do I need to get a Physical Fitness Assessment prior to scheduling my sessions?
 - The Physical Fitness Assessment will provide your trainer with the necessary information to design you a fully customized workout plan.
 - Achieving maximum results requires attention to both exercise and nutrition. The SRWC offers Nutrition Education sessions to provide you with insight into your current eating habits and offer suggestions on ways to improve it.
- Why are the sessions only offered in 30 minute increments?
 - Longer personal training sessions are not very cost effective as much of the session is spent conversing or used as downtime between exercises.
 - Utilizing the 30 minute approach, your workouts are not only more affordable but also more efficient. Minimize distractions while getting maximum results in minimum time.

The University of Akron Student Recreation and Wellness Center Private, Semi-Private and Group Personal Training Program Agreement

The University of Akron Student Recreation and Wellness Center Private, Semi-Private and Group Personal Trainers are certified through a nationally recognized personal training certification. All sessions will be 30 minutes in length and 2 or more sessions may be scheduled back-to-back if desired. Personal training clients must be 18 years of age or older to participate.

Clients are expected to observe all University of Akron Student Recreation and Wellness Center rules, guidelines, policies, and procedures, including, but not limited to, those regarding cancellation of appointments. Clients acknowledge that such rules, guidelines, policies and procedures are subject to change with notice.

Registration: All sessions must be pre-paid through the SRWC Information Office. Clients agree to have a Physical Fitness Assessment appointment prior to their first personal training session.

Cancellations:

Clients who fail to attend a scheduled session or provide at least twelve (12) hours advanced notice of cancellation will be charged for that session. Clients who arrive late for a session will not have their session time extended to compensate for their tardiness. Personal Trainers may decline to provide a personal training session for clients who are more than fifteen (15) minutes late for their scheduled session, in which case the client will forfeit that session.

All SRWC Personal Trainers will provide clients with at least twelve (12) hours advanced notice of a cancellation. If the trainer fails to provide clients at least twelve (12) hours notice, a complimentary session will be provided to the client in addition to a make-up.

Payment Policy:

Packages must be purchased before sessions are scheduled. Sessions are to be purchased in the Information Office, located next to the front desk of the SRWC. All personal training session packages expire one (1) year from date of purchase.

I have read and understand the above stated terms.

Signature of Participant	Date		
Printed name of Participant	Date		
Participant's Name:		Age:	
Address:	City:	State:Zip Code:	
Phone # :	Alternate # :	UA ID# :	

Reviewed by OGC

Physical Activity Readiness Questionnaire PAR-Q

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Please read them carefully and check the yes or no opposite the question if it applies to you.

YES NO

1.	1		Has your	doctor	ever	said you	ı have	heart trouble?	,
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- 2. Do you frequently have pains in your heart and chest?
- 3. Do you often feel faint or have spells of severe dizziness?
- 4. Has a doctor ever said your blood pressure was too high?
- 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
- 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- 7. The You over age 65 and not accustomed to vigorous exercise?

8. C Are you currently pregnant?

If you answered YES to one or more questions...

You must have written permission from your physician prior to performing any exercise test. Please see attached form.

If you answered NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.

All information is private and confidential. Please print.

Name			
First Write yes to any that apply.	MI]	Last
Has your physician ever to	old you that your blo	ood press	ure is abnormal?
Do you ever have pain ne	ar your heart or in y	our chest	?
Are your feet or ankles ev	er badly swollen?		
Has a physician ever said	that you had OR hav	ve heart ti	rouble, an abnormal EKG or a heart attack?
Do you have cramping or	pain in your legs?		
Has a physician ever told	you that your choles	terol or t	riglyceride level was high?
	led? ietary means (ral medications (insulin injections incontrolled
Any significant hearing lo	ss or vision problem	ıs?	
Have you had surgery or b	been hospitalized in	the last 3	-5 years?
List any prescribed medication y	you are now taking,	including	dosages.
List any dietary supplements or	over the counter me	dications	you are now taking, including dosages.
List any know drug allergies.			
Have you ever been told you h Heart attack How many years ago? Rheumatic Fever Heart Murmur Disease of the arteries Epilepsy Do you smoke presently?		wing? Pt	at an X where appropriate. Thyroid problems Asthma Abnormal chest x-ray Stroke/Aneurysm Dizziness/fainting Arthritis
If so, how many cigarettes/cigar			
Are you currently involved in ar			
If so, are you currently doing an How often?	aerobic-type progra	.m?	
If so, are you currently practicin How often? What kind? What activities/exercises would		lar exerci	se program?

(330) 972-6599 http://www3.uakron.edu/onat/srwc/home/reccenter.html

Physician's Exercise Release

Patient Name _____

_____ The above named may participate fully in a physical fitness assessment consisting of cardiovascular, strength and flexibility testing without limitation.

or

____ The above named may participate in a physical fitness assessment with the following limitations:

Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write "NONE".

Physician's Signature:

Print Name:

Date:

Session Types

Private Session

• A private one-on-one session with you as the primary focus.

Semi-Private Session

• A more affordable option than the private session, a semi-private session gives the trainer the choice to schedule another client during the same time slot.

Group Personal Training

• If you want to workout with a significant other or a small group of friends, then group training is the way to go. Divide the cost of the session or package by the number of people in your group (2-3) for the most affordable personal training session available.

Package	Students	Members/Staff					
1 session	15	20					
5 sessions	70 (14)	95 (19)					
10 sessions	135 (13.5)	180 (18)					

PRIVATE - 30 minute sessions

SEMI-PRIVATE (1-2 people) - 30 minute sessions

Package	Students	Members/Staff		
1 session	12.50	15		
5 sessions	60 (12)	71.50 (14.30)		
10 sessions	112.50 (11.25)	135 (13.50)		

GROUP (2-3 people) - 30 minute sessions

Package	Students	Members/Staff
1 session	20	25
5 sessions	95 (19)	119 (23.80)
10 sessions	180 (18)	225 (22.50)

Personal Training Client Info Sheet

Name:	
Home Phone:	Work Phone:
E-Mail Address:	
	the University of Akron Recreation and Wellness
Primary Goal:	
When do you hope to achieve this goal?	?:
How do you plan to achieve this goal?:_	
Please indentify any barriers you may h	ave in achieving this goal?:
What is your exercise history?:	
	villing to work in to achieve your goal (i.e. level of ns, etc.:
Briefly list your current and past eating	habits:
Describe the dietary modifications you I	pelieve are necessary to achieve your goal:

Client's Availability to Work Out

- Highlight your preferred times
- Place an "X" on all the times when you are not available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Sunuay	wonuay	Tuesuay	weunesuay	Thursday	Fludy	Saturuay
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							

Client Name: ______ Signature: _____

Date: _____