



Personal Training Program Client Information Packet

Client must fill out paperwork before participating in
fitness assessment program

Please Return To:

Membership Services Desk

Special Events Recreation Center

Name: _____ **Date:** _____

Phone: _____ **Email:** _____

The College at Brockport affiliation (circle one):

student alumni faculty/staff community

Specific Trainer request? _____

Do you prefer a male or female Personal Trainer (circle one)? Male Female

How many sessions per week? _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							

Health History Questionnaire

Today's date: _____

Name

Phone Number

Email Address

Age

Date of Birth

Sex: Male Female

Height

Weight

Physician's Name

Phone Number

Emergency Contact:

Name/Relationship

Phone Number

This Questionnaire is not a substitute for a thorough physical examination, assessment, and/or diagnosis by your physician. It is designed to identify adults for whom physical activity might be inappropriate at this time.

1. What is your current level of physical activity?

YES NO

- a. Do you currently exercise? If **yes**, how many times per week? _____
- b. If **no**, have you exercised in the past?
- c. Have you ever worked with a fitness professional before?

2. If you currently exercise, what exercise activities does your workout include?

3. What are your short and long term goals for exercise, health, and fitness?

4. Have you even been diagnosed with, or suffered from:

- | | |
|---|--|
| <input type="checkbox"/> Heart Attack / Heart Disease | <input type="checkbox"/> Coronary Bypass |
| <input type="checkbox"/> Other Cardiac Surgery | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Embolism | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Angina Pectoris |

If you checked any of the above conditions, you MUST have medical clearance prior to exercising.

Please provide the following information:

5. Have you ever been diagnosed, or do you have any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Chronic Bronchitis |
| <input type="checkbox"/> Osteopenia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Hypertension (>140/90) | <input type="checkbox"/> High Cholesterol |

6. Do you frequently experience any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Lightheadedness or fainting |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Ankle swelling | <input type="checkbox"/> Claudication |
| <input type="checkbox"/> Breathlessness that awakens you at night | |

7. Do you smoke cigarettes?

- Yes No

If yes, how many per day _____

8. Do you have a family history of heart disease or stroke in parents or siblings prior to age 55?

- Yes No

9. Are you currently pregnant?

- Yes No

10. Do you have allergies to ANY foods or medications?

Please list: _____

11. Are you currently taking any medication?

- Yes No

If yes, please give name and dosage: _____

12. Do you have any physical condition, impairment, or disability that might affect your ability to undertake an exercise program?

- Yes No

If yes, please describe: _____

Informed Consent

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical activity. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but not impossible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility the instructor, facility or any persons involved with program or testing procedures and recommendations are encouraged and welcomed.

On behalf of myself, my family, heirs, and personal representatives, I hereby release The College at Brockport, its trustees, Board of Regents, officers, employees, and agents from any liability for the injuries or death sustained by me as a result of my participation in the activities of the above named organization.

I also agree to indemnify and hold harmless the University, its trustees, Board of Regents, officers, employees, agents from any liability for damage or injury to others which may occur as a result of my participation in the activities of the above named organization.

I acknowledge that I have read this content carefully, and understand the terms and requirements and fully agree to all considerations herein.

Signature

Date

Personal Training Rates and Guidelines

	1 session	4 sessions	8 sessions	4 buddy sessions
Student	\$15	\$50	\$90	\$75
Faculty/Staff, emeriti	\$20	\$72	\$120	\$108
Community, Visiting College Student	\$25	\$92	\$160	\$138

Guidelines:

- Client must have a College at Brockport student ID or a valid membership card
- Potential clients must fill out a Client Information Packet (may be obtained from the Membership Services desk or online)
- Client Information Packets may be returned to the Membership Services Desk
- All sessions are 60 minutes long
- If a client wishes to purchase additional sessions, they may be purchased at the Membership Services Desk
- Client must pay in full at the Membership Services desk before Personal Training sessions commence
- Personal Trainer Supervisor will contact client and set up an appointment
- Trainer will meet client at the Membership Services Desk prior to the first session
- Client must use purchased sessions within 4 months or sessions will expire

Client Cancellation Policy

Call the Membership Services Desk at 395-2681 or the Trainer at least six hours prior to appointment; if the client fails to call **six hours** before the scheduled session **it will be considered a completed session, money or session will not be refunded.**

Trainer Cancellation Policy

If a trainer fails to show up for a session or cancels the session without at least six hours notification to the client, the trainer must reschedule the session.

The College at Brockport Campus Recreation and Personal Trainers are prohibited to establish dietary regimens for clients.

I have read and understand the above statements

Signature

Date