Client Name: _____ Trainer Name:_____

Welcome to Rec Sports Personal Training

Congratulations on your decision to participate in our personal training program. We are extremely excited that you are taking the steps to a healthier lifestyle and improved fitness levels. It is our hope that you have an enjoyable and educational experience. Each session is one hour in length and must be completed in the number of weeks equivalent to the number of sessions purchased. For example, if you purchase 3 sessions, you will have a maximum of 3 weeks to complete your sessions.

If you purchased 10 or 15 sessions you will receive a free fitness assessment at the beginning of your program, as well as at the completion of your program. However, if you did not sign up for 10 or 15 sessions and did not purchase a Personal Fitness Profile at the time of registration, you may want to consider doing so. This fitness assessment is a great way to monitor your current fitness levels and is available at a reduced cost ($20) to individuals who have purchased personal training sessions.

Reminders

- ✓ This packet, including the PARQ and You, Health History Form, and Exercise History and Attitude Questionnaire, must be completed and turned in to the Member Services desk at the time of registration.
- ✓ If on the Assumption of Risk, Contract/Agreement, and Registration form you indicated that two or more of the ACSM coronary artery disease risk factors pertain to you, then you will need to have your physician complete and sign the Physician's Approval Form that is attached to this packet. Your completed and signed physician's approval form must be submitted to the Member Services desk prior to beginning your personal training sessions.
- ✓ Your personal trainer will contact you within 3 business days after registration to schedule your first session.
- ✓ Bring your planner, organizer, or PDA to your first session so that you and the trainer that will be working with you can discuss when all of your personal training sessions will take place.
- ✓ Be sure to wear athletic / workout attire to all of your personal training sessions, and please remember to bring a towel.
- ✓ Please be on time for your sessions. If you arrive more than 15 minutes late for your scheduled session, the personal trainer has the right to leave the premises and forfeiture of the session will occur.
- ✓ In order to reschedule or cancel an appointment you must notify your personal trainer 24 hours in advance. Failure to do so will result in forfeiture of the session.

Good luck on your way to improved health and fitness!

Jerod Wilson, CSCS, NSCA-CPT, ACE-CPT
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Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

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		
☐	☐	1.	**Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**
☐	☐	2.	**Do you feel pain in your chest when you do physical activity?**
☐	☐	3.	**In the past month, have you had chest pain when you were not doing physical activity?**
☐	☐	4.	**Do you lose your balance because of dizziness or do you ever lose consciousness?**
☐	☐	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?**
☐	☐	6.	**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
☐	☐	7.	**Do you know of any other reason 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.

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 or GUARDIAN (for participants under the age of majority) _____ WITNESS _____

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.

Supported by: Health Canada Santé Canada

continued on other side...

Health History Form

Name: _____Date:_____

Age: _____ Sex: _ M _ F

Physician's Name_____

Physician's Phone Number (_____)_____

Person to contact in case of Emergency:
Name_____ Date_____ Phone _____

Are you taking any medication or drugs? If so, please list medication, dose, and reason.

_____

_____

Does your physician know you are participating in this exercise program?

_____

_____

Describe any physical activity you do somewhat regularly.

_____

_____

Do you now, or have you had in the past:	*Yes*	*No*
1. History of heart problems, chest pain or stroke	☐	☐
2. Increased blood pressure	☐	☐
3. Any chronic illness or condition	☐	☐
4. Difficulty with physical exercise	☐	☐
5. Advice from physician not to exercise	☐	☐
6. Recent surgery (last 12 months)	☐	☐
7. Pregnancy (now or within last 3 months)	☐	☐
8. History of breathing or lung problems	☐	☐
9. Muscle, joint or back disorder, or any previous injury still affecting you	☐	☐
10. Diabetes or thyroid condition	☐	☐
11. Cigarette smoking habit	☐	☐
12. Obesity (more than 20% over ideal body weight)	☐	☐
13. Increased blood cholesterol	☐	☐
14. History of heart problems in immediate family	☐	☐
15. Hernia, or any condition that may be aggravated by lifting weights	☐	☐

Please explain any "yes" answers below:

_____

_____

_____

_____

_____

_____

Exercise History and Attitude Questionnaire

Name_____ Date_____
Please fill out this form completely as possible.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

   15-20 _____ 21-30_____ 31-40_____ 41-50+_____

2. Were you a high school and/or college athlete?

   □ Yes □ No

3. Do you have any negative feelings toward, or have you had any bad experience with physical activity programs?

   □Yes □ No If yes, please explain_____

4. Do you have any negative feelings toward, or have you had any bad experience with fitness testing and evaluation?

   □ Yes □ No If yes, please explain_____

5. Do you start exercise programs but then find yourself unable to stick with them?

   □ Yes □ No

6. Are you currently following a regular cardiovascular exercise training program?

   □ Yes □ No If yes, specify the type of exercise(s) _____

   _____ minutes/day _____ days/week

   How long have you been following a regular cardiovascular exercise training program?

   _____ Months _____ Years

   Rate your perception of the exertion of your cardiovascular training program

   (circle the number): (1) Light (2) Fairly light (3) Somewhat hard (4) Hard

7. Are you currently following a resistance training program?

   □ Yes □ No If yes, specify the type of exercise(s) _____

   _____ minutes/day _____ days/week

   How long have you been following a regular resistance training program?

   _____ Months _____ Years

   Rate your perception of the exertion of your resistance training program

   (circle the number): (1) Light (2) Fairly light (3) Somewhat hard (4) Hard

8. What other exercise, sport or recreational activities have you participated in?

   In the past 6 months? _____

   In the past 1-2 years? _____

   In the past 5 years? _____

* Please continue on side two

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

_____ minutes/day _____ days/week

10. Can you exercise during your work day?

□ Yes □ No

11. Would an exercise program interfere with your job?

□ Yes □ No

12. Would and exercise program benefit your job?

□ Yes □ No

13. What types of exercise interest you?

□ Strength Training	□ Elliptical Machine	□ Group Aerobics Classes
□ Running/Jogging	□ Stepper	□ Yoga/Pilates
□ Walking	□ Rowing	□ Racquetball
□ Stationary Cycling	□ Swimming	□ Stretching/Flexibility

14. What do you want exercise to do for you?

_____

_____

_____

15. Rank your goals in undertaking exercise:

Use the following scale to rate each goal *separately*:

Extremely important				Somewhat important				Not at all important	
1	2	3	4	5	6	7	8	9	10

a. Improve cardiovascular fitness _____

b. Body-fat weight loss _____

c. Reshape or tone my body _____

d. Improve performance for a specific sport _____

e. Improve moods and ability to cope with stress _____

f. Improve flexibility _____

g. Increase strength _____

h. Increase energy level _____

i. Feel better _____

j. Enjoyment _____

k. Other _____

16. By how much would you like to change your current weight?

(+) _____ lbs. (-) _____ lbs.

PHYSICIAN'S APPROVAL FORM

Dear Doctor:

Your patient _____ has registered for personal training sessions with a certified personal trainer at the Student Recreation Center at Texas A&M University. This individual is seeking medical clearance for one of two reasons: 1) they have completed the Physical Activity Readiness Questionnaire and determined for themselves that they should speak with a physician before becoming more physically active, and/or 2) while registering they indicated that two or more of the American College of Sports Medicine coronary artery disease risk factors (listed below) pertain to them – which requires that they have medical clearance prior to participating in our personal training program.

Client: Please place an X next to any of the ACSM coronary artery disease risk factors that pertain to you. I understand that the Department of Recreational Sports requires medical clearance for anyone with more than one of the following risk factors.

_____ **Family History**: Myocardial infarction (heart attack), coronary revascularization, or sudden death before 55 years of age in father or other male first-degree relative (i.e., brother, son), or before 65 years of age in mother or other female first-degree relative (i.e., sister, daughter)

_____ **Cigarette Smoking:** Current cigarette smokers or those who quit within the previous six months

_____ **Hypertension:** Systolic blood pressure greater of $\geq$140 mmHg or diastolic $\geq$90 mmHg, confirmed by measurements on at least 2 separate occasions, or on anti-hypertensive medication

_____ **Hypercholesterolemia:** Total serum cholesterol greater than 200mg/dl or high-density lipoprotein cholesterol of <35 mg/dl, or on lipid-lowering medication.

_____ **Impaired Fasting Glucose (diabetes mellitus):** Fasting blood glucose of $\geq$110 mg/dl confirmed by measurements on at least 2 separate occasions

_____ **Obesity:** Body Mass Index of $\geq$30 kg/m^2 or waist girth of >100 cm.

_____ **Sedentary Lifestyle:** Persons not participating in a regular exercise program or meeting the minimal physical activity recommendations from the U.S. Surgeon General's report (accumulating 30 minutes or more of moderate physical activity on most days of the week)

Please be aware that the physical fitness programs that we design and implement with our clients will normally incorporate resistance training, cardiovascular exercise, and flexibility/stretching routines. The client's fitness status may also be evaluated prior to beginning their individualized fitness program. The fitness assessment that we utilize will include the following measurements and tests: (1) resting heart rate, (2) blood pressure, (3) body composition and girth measurements, (4) maximal or estimated 1-repetition maximum bench press and leg press, (5) maximum push-ups and curl-ups, (6) cardiovascular fitness, (7) sit and reach, and 8) a functional mobility / stability screening. These tests are performed to evaluate the following areas of physical fitness: (a) body composition, (b) muscular strength/ muscular endurance, (c) cardio respiratory endurance, and (d) flexibility. A summary of the test results and our recommendations will be kept on file and may be made available to you upon request.

In the interest of your patient and for our information, please complete the following:

A. Has the patient undergone a physical examination within the last year to assess functional capacity to perform exercise?
Yes ____ No____

B. I consider this patient (please check one):
___ Class I: presumably healthy without apparent heart disease eligible to participate in an unsupervised program
___ Class II: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program
___ Class III: patient not eligible for this program and a medically supervised program is recommended

C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ____ No ____

Please explain:_____

_____

D. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise?
Yes ____ No____

Please explain:_____

_____

E. Please list any currently prescribed medication(s):_____

_____

F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program. _____

_____

Physician's Signature: _____ Date: _____ Phone: _____

Physician's Name: _____ Address: _____ _____