

Personal Training & Group Training Participant Information

Welcome to the RecSports Personal Training program!

It is our goal to provide the highest quality program that helps you attain your health and fitness goals.

NAME _____ DATE _____

EMAIL _____

To move the process along and so we can get you moving, please complete the following steps:

1. COMPLETE the PAR-Q and YOU:

The Physical Activity Readiness Questionnaire helps determine your current health status and the need for a health care provider's approval before beginning a physical activity program. If you answer **NO** to **ALL** of the questions, go to **PERSONAL TRAINING ACKNOWLEDGEMENT** form. Complete & sign.

2. HEALTH CARE PROVIDER'S CONSENT

To be completed **ONLY** if you answered **YES** to any of the PAR-Q & You questions. Otherwise disregard.

3. PERSONAL TRAINING ACKNOWLEDGEMENT

Read and sign.

Please return completed forms to the RecSports office in the Rolfs Sports Recreation Center. If you have not paid via RecRegister, please provide payment via cash or check when return completed forms.

A RecSports Personal Trainer will contact you to schedule your initial consultation. Future training sessions may be scheduled during this appointment.

If you have questions, concerns and/or suggestions, please contact Tabbitha (1-5849/tashford@nd.edu) or Jennie (1-5965/Phillips.42@nd.edu) in the RecSports office.

Thank you for your interest and participation in the RecSports Personal Training program!

In Good Health,

Tabbitha Ashford
Jennie Phillips
Office of Recreational Sports
100 Rolfs Sports Recreation Center
University of Notre Dame



PAR-Q & YOU

Regular physical activity and exercise is an important component in one's overall health and well-being. Physical activity and exercise is safe for most people. However, some people should check with their physician before becoming more physically active or starting an exercise program.

Before increasing your level of physical activity and/or exercise, answer the questions below. If you are 15-69 years of age, 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.

Please check YES or NO for each question:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a physician? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. In the past month, have you had chest pain when not doing physical activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. Do you lose you balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. Is your doctor currently prescribing drugs (eg. water pills) for blood pressure or a heart condition? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. Do you know of any reason you should not do physical activity? |

If you answered YES to one or more questions:

- Talk with your physician by phone or in person BEFORE you start becoming much more physically active or BEFORE your initial consultation. 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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

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, build up gradually. This is the safest and easiest way to go.

It is also highly recommended that you have your blood pressure evaluated. *If your reading is over 144/94, talk with your physician 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;
- 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 assessment, this section must be used for legal or administrative purposes.

NAME _____ DATE _____

SIGNATURE _____

University of Notre Dame Office of Recreational Sports Health Care Provider's Consent

Dear Dr. _____

Your patient, _____, has expressed interest in beginning a supervised exercise program in the University of Notre Dame's RecSports Personal Training program. This program may include a series of fitness assessments including any or all of the following procedures: submaximal aerobic capacity test, body composition estimate, flexibility test(s) and a battery of muscle strength and endurance measures. The nature of both the exercise testing and programming will depend on your patient's 1) stated health history as indicated from a completed health risk appraisal form, 2) stated fitness goals and 3) feedback from his/her health care provider. All programming is done in accordance with the guidelines of the American College of Sports Medicine and all personal trainers are first aid/cpr/aed certified.

By completing the Consent Form, you are not assuming any responsibility for our administration of the fitness tests and/or exercise programs. If, however, you are aware of any reason, medical or otherwise, which might impact or be impacted by participation in an exercise program or from exercise testing, or are aware of any specific precautions and/or contraindications and/or guidelines which should be considered by a personal trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call _____. Any other questions or concerns should be directed to your patient.

(Please place your initials beside the appropriate statement(s) and complete those that apply.)

_____ I know of no reason(s) why my patient, _____, should not participate in any of the fitness tests or exercise programming.

_____ To the best of my current knowledge, I believe my patient is able to participate in the exercise testing and programming with the following restrictions and/or recommendations:

_____ I recommend that my patient does NOT participate in any exercise testing or programming until such time as I have consulted with him/her again.

Health Care Provider's Signature

Printed Name

Date

Phone Number

Personal Training Acknowledgement

I acknowledge that, prior to signing this Personal Training Acknowledgment, I have had an opportunity to ask questions of my trainer regarding the risks associated with personal training and about the nature of the activities in which I will be expected to engage during personal training. All such questions have been answered to my complete satisfaction. I understand that it is my ongoing responsibility to ask my personal trainer about any questions or concerns I may have about my personal training as they arise.

I acknowledge that the University reserves the right to require, for any reason, that I independently obtain a physician's approval prior to my participation in a personal training program or as a condition of continuing in a personal training program.

I acknowledge that the University reserves the right to refuse to grant me permission to engage in a personal training program for any reason and the right to revoke any such previously granted permission for any reason and at any time.

Participant Name _____

Participant Signature _____ **Date** _____

Notes of Questions & Answers:

Other:

Please indicate any other medical conditions (ex: diabetes, cancer) or activity restrictions (ex: orthopedic injuries) that you may have. It is important that this information be as accurate and complete as possible.

Is any of this information critical to understanding your readiness for exercise? Are there any other restrictions on activity that we should know about?

This is a true and accurate record of all questions and answers at this time.

Participant Signature

For office use only:

1. Risks were verbally discussed.

2. Questions were asked and the participant indicated complete understanding of the risks.

3. Questions were not asked but the opportunity for questions was presented.

Trainer Initials and Date