

PERSONAL TRAINING INTRODUCTION & POLICIES

A Message from the Assistant Director for Fitness/Wellness

Campus Recreation at UMass Amherst is pleased that you are interested in training with us. Our goal is to educate our clients to exercise safely and effectively for life. Our trainers will work with you to develop a fitness program based on your goals and fitness level. We will closely supervise and assess your progress. Along the way, we'll provide you with the knowledge, guidance and resources so you become comfortable and confident in any fitness/weight room environment.

This packet includes information on client/trainer conduct & your health and exercise history and goals. The packet should be completed in its entirety and returned to Member Services with your package selection and payment (cash or check only). The information in this packet will help your personal trainer develop a program specifically for you; therefore, it is important that you answer all questions honestly. Information is kept confidential. The following forms must be signed and submitted to the Assistant Director for Fitness/Wellness before your program begins:

- Personal Training Registration & Waiver
- Personal Training Fitness Assessment
- PAR-Q
- Health History Questionnaire
- Exercise History and Goals
- Personal Training Client/Trainer Agreement

You may keep this page (introduction & policies), the Personal Training Fitness Assessment, and a copy of the client/trainer agreement.

Sincerely,

Jill M. Isabelle

Jill Isabelle

Assistant Director Fitness/Wellness

(413) 577-0855

jisabelle@admin.umass.edu

PERSONAL TRAINING POLICIES

- Personal training participants must complete and submit all required forms with the registration fee prior to scheduling the first session.
- If you check 'Yes' to any questions in the PAR-Q questionnaire, you must also complete and return a Medical Release Form prior to beginning training sessions. By meeting at least one of these criteria, you may be at increased risk for illness or injury.
- Participants may purchase one personal training package at a time.
- Participants may purchase additional personal training packages upon completion of the original package.
- Each time a participant registers for an additional training package, his/her name will be placed on the waiting list for a trainer.
- Each participant will be assigned one trainer per group of sessions/package. A participant can request a specific trainer on the PT registration form.
- Clients are assigned to trainers based on availability.
- Personal training packages include an *Intro Session* (fitness assessment and body fat measurement) for first-time services [patrons who have not previously used our personal training services].
- Additional packages will not include an *Intro Session*.
- Patrons can purchase a *Fitness Assessment* and/or *Body Composition Measurement* for an additional fee with or without a previously purchased personal training package.
- The personal trainer and the client will agree to complete the sessions purchased. Sessions will be scheduled at mutually convenient, agreed upon times.
- If the client is unable to make a scheduled session, s/he must notify the personal trainer at least 24 hours in advance. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
- Campus Recreation allows a 15-minute grace period for late arrival to a scheduled session. The personal trainer will only wait 15 minutes past the scheduled meeting time, unless the participant has alerted the trainer of the expected tardiness. The personal trainer may or may not be able to extend the training session to make up the 15 minutes.



UMass Campus Recreation
112 Recreation Center
161 Commonwealth Avenue
Amherst, MA 01003
(413) 545-0022 (phone)
(413) 577-3870 (fax)
www.umass.edu/campusrec



UMass Campus Recreation
112 Recreation Center
161 Commonwealth Avenue
Amherst, MA 01003
(413) 545-0022 (phone)
(413) 577-3870 (fax)
www.umass.edu/campusrec

PERSONAL TRAINING PACKAGES

PERSONAL TRAINING REGISTRATION AND FEES

- Participants must include payment (cash or check only) when submitting the registration forms to Member Services.
- Personal Training sessions must be used within the semester in which they were purchased. Full refunds are not available once the sessions have begun. Sessions are non-transferable.

Packages/Sessions	
2 sessions	\$50
4 sessions	\$90
6 sessions	\$120
10 sessions	\$180
Fitness Assessment	\$15
Body Composition	\$10

The **Intro Session** (approximately one hour) includes meeting your personal trainer, discussing your workout goals, completing a fitness assessment, having an equipment orientation and completing any necessary paperwork.

Fitness Assessments are an important part of every exercise program and are an excellent way to gauge your current fitness level. A fitness assessment measures height, weight, body composition, blood pressure, flexibility, muscular endurance and cardiovascular endurance.

Body Composition measures lean body mass to fat body mass using a skin fold caliper.

Our Trainers have earned their personal training certification through one of the following nationally-recognized organizations: American Council on Exercise (ACE), Aerobic and Fitness Association of America (AFAA), National Strength and Conditioning Association (NSCA), American College of Sports Medicine (ACSM), or International Fitness Professionals Association (IFPA). In addition to the certifications and our in-house training, our personal trainers are required to complete continuing education requirements to maintain their certifications and to keep current with the latest fitness research and trends.



UMass Campus Recreation
 112 Recreation Center
 161 Commonwealth Avenue
 Amherst, MA 01003
 (413) 545-0022 (phone)
 (413) 577-3870 (fax)
 www.umass.edu/campusrec

PERSONAL TRAINING FITNESS ASSESSMENT

A fitness assessment is a great way to evaluate your current fitness level. It includes a series of measurements that help determine physical fitness and are a great way to gauge your current fitness level.

What you should know and how to prepare:

- Wear athletic shorts, t-shirt and athletic shoes.
- Drink plenty of fluids over the 24-hour period preceding the test to ensure normal hydration prior to the testing.
- Avoid heavy meals, tobacco, alcohol, and caffeine for at least 3 hours before testing. You may have a small snack 30 minutes to 1 hour before the test.
- Avoid exercise or strenuous physical activity the day of the test.
- Get an adequate amount of sleep (6-8 hours) the night before the test.

A **Fitness Assessment** measures height, weight, body composition, blood pressure, muscular endurance, cardiovascular endurance and flexibility.

1. **Height and Weight Measurements**
2. **Resting Heart Rate**
3. **Blood Pressure**
4. **Body Composition**
5. **Sit-up Test/min**
6. **Push-up Test/min**
7. **Step Test**
8. **Sit and Reach**

Below you will find a brief description of each element of the fitness assessment.

To take your **Resting Heart Rate**, sit in a chair, feet on floor in a relaxed position. Your pulse will be taken on your wrist to determine your resting heart rate. This is a person's heart rate at rest. The best time to find out your resting heart rate is in the morning, after a good night's sleep, and before you get out of bed. The average heart beats about 60 to 80 times a minute when at rest. Resting heart rate usually rises with age, and it's generally lower in physically fit people.

Your **Blood Pressure** will be taken with an automatic blood pressure monitor. Resting heart rate and blood pressure are important indicators to measure as you begin and progress in your fitness routine. The 1st number: *systolic pressure* is the pressure generated when the heart contracts. The 2nd number: *diastolic pressure* is the blood pressure when the heart is relaxed.

HIGH blood pressure symptoms: stressed, sedentary, bloated, weak, failing

Systolic	Diastolic	
90	60	borderline low
110	75	low normal
120	80	normal
130	85	high normal
140	90	stage 1 high BP
160	100	stage 2 high BP
180	110	stage 3 high BP
210	120	stage 4 high BP

LOW blood pressure symptoms: weak, tired, dizzy, fainting, coma

Body Composition measures the ratio of lean body mass to fat mass with skin fold measurements. We strongly suggest wearing comfortable, loose fitting clothing (shorts and a t-shirt). Body composition measurements are most accurate when taken first thing in the morning before consuming any food or drink.

The **Sit-Up** and **Push-Up Tests** test the ability of your muscles to exert force over an extended period of time.

The **Step Test** estimates your aerobic fitness level by performing a 3-minute step test on a 12-inch step.

The **Sit and Reach** test is the most common way to measure lower back and hamstring flexibility. You will be well warmed up by the time you do the sit and reach test. Place the ruler on the ground between your legs (0 end lined up with your feet) or on the top of the step. Place one hand on top of the other, then reach slowly forward. At the point of your greatest reach, hold for a couple of seconds, and we will measure how far you have reached. You will have 2 practice reaches, then on the third hold your reach for 3 seconds.

What Your Sit and Reach Test Results Mean: sit-and-reach results compare your own flexibility over time as well as comparing your score to norms, or averages, for your gender and age. Adequate flexibility is being able to reach your toes while keeping your legs straight. If you can't reach your toes (the 0 mark on the ruler), your flexibility is less than recommended.

	MEN	WOMEN
Super	> + 10.5	> + 11.5
Excellent	+ 6.5 to + 10.5	+ 8.0 to +11.5
Good	+ 2.5 to + 6.0	+ 4.5 to +7.5
Average	0 to + 2.0	+ 0.5 to + 4.0
Fair	-3.0 to - 0.5	-2.5 to 0
Poor	-7.5 to -3.5	-6.0 to -3.0
Very Poor	< -7.5	< -6.0

Your maximum heart rate is about 220 minus your age. The figures below are averages, so use them as general guidelines.

AGE	TARGET HR ZONE 50-85%	AVERAGE MAXIMUM HEART RATE 100%
20 years	100–170 beats per minute	200 beats per minute
25 years	98–166 beats per minute	195 beats per minute
30 years	95–162 beats per minute	190 beats per minute
30 years	93–157 beats per minute	185 beats per minute
40 years	90–153 beats per minute	180 beats per minute
45 years	88–149 beats per minute	175 beats per minute
50 years	85–145 beats per minute	170 beats per minute
55 years	83–140 beats per minute	165 beats per minute
60 years	80–136 beats per minute	160 beats per minute
65 years	78–132 beats per minute	155 beats per minute
70 years	75–128 beats per minute	150 beats per minute



PERSONAL TRAINING REGISTRATION & WAIVER

Today's Date ____/____/____
(Month) (Day) (Year)

Personal Training Package: (all packages include intro session/fit assessment and body comp)

- 2 Sessions \$50
- 4 Sessions \$90
- 6 Sessions \$120
- 10 Sessions \$180
- Fitness Assessment \$15
- Body Composition \$10

Fitness Goals:

- Improve cardiovascular fitness
- Tone/reshape my body
- Decrease body fat
- Improve athletic ability
- Increase strength
- Improve flexibility
- Build lean muscle mass
- Decrease stress levels
- Improve mood

Trainer Request _____

Please Print Clearly

Name of Applicant _____
(Last) (First) (MI)

Date of Birth _____ UCARD # _____ Male Female

Email _____ Phone _____

Local Address _____ Apt # _____

City _____ State _____ Zip _____

Emergency Contact Name _____ **Relation to You** _____

Emergency Contact's Phone (primary) _____ **Secondary Phone** _____

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERSITY OF MASSACHUSETTS, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.

I, the undersigned, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse THE UNIVERSITY OF MASSACHUSETTS for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the Recreation staff is not responsible for any lost, stolen or damaged personal belongings.

I, the undersigned, have received the Personal Training Registration packet, policies and conduct of training sessions and understand there are limitations to my participation as outlined in the packet.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Applicant's Signature _____ **Date** _____

RECREATION STAFF USE ONLY

Membership Classification: Faculty/Staff Graduate Student Continuing Ed Retiree Associate Alumni Undergrad Community

Package Purchased: 2 Sessions 4 Sessions 6 Sessions 10 Sessions Fitness Assessment Body Composition

Fee Amount \$ _____ Method of Payment Cash Check # _____ Credit Card Auth. # _____

CSI Invoice # _____ Date of Purchase _____

Expiration Date of Package _____ Staff Name _____
(Please Print Clearly)

Physical Activity Readiness Questionnaire (PAR-Q) and You

(A Questionnaire for People Aged 15-69)

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 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 and 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 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 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.

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.

If you answered NO to all the 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.

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

NAME _____

DATE _____

SIGNATURE _____

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.

Informed use of the PAR-Q: Reprinted from ACSM's Health/Fitness Facility Standards and Guidelines, 1997 by American College of Sports Medicine



HEALTH HISTORY QUESTIONNAIRE

Information you provide is personal and confidential. The information will enable us to better understand you and your health and fitness habits, as well as inform you of any potential risks. Please consult your physician before beginning any type of exercise program.

NAME _____ ID _____ DATE ____/____/____

Address _____

City, State Zip _____

Employer _____

Phone (H) _____ (W) _____ Email _____

Date of Birth ____/____/____ Male _____ Female _____

Emergency Contact _____ Phone _____ Relation _____

Physician's Name _____ Phone _____ Fax _____

GENERAL

Height _____ ft Weight _____ lbs

Any unexplained significant weight loss/gain Within the last 6 months Within the last year NO
If yes, please explain _____

What was your most recent blood pressure reading? _____/_____ mm hg date _____

Do you currently exercise? YES NO

If yes, how long have you been exercising regularly? _____

What exercise do you do and how often? _____

MEDICAL DIAGNOSES

Have you ever had any of the following?

Heart attack	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Emboli (blood clot)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Angina	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Coronary Artery Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Stroke	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Anemia	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Cancer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Osteoporosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Pulmonary Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Cardiovascular surgery	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Heart Valve Problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Currently pregnant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Rheumatic Fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Emphysema	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>
Phlebitis (inflammation of a vein)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>				

Please list all known allergies _____

Any special conditions not listed above _____

If you answered "YES" to any of the above medical diagnoses, it is RECOMMENDED that you consult with your physician before beginning your exercise program.

MEDICATIONS

Please list any medications you are currently taking including but not limited to prescriptions, allergy medications, ergogenic aids, diet supplements, vitamins, minerals, etc.

Medication	Reason	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAJOR RISK FACTORS

- 1. Are you a man over the age of 45 or a woman over the age of 55 who has had a hysterectomy or is postmenopausal? YES NO UNSURE
- 2. Has your father or brother experienced a heart attack before age 55? Or has your mother or sister experienced a heart attack before the age of 65? Who? _____ YES NO UNSURE
- 3. Has your doctor ever told you that you might have high blood pressure? YES NO UNSURE
- 4. Do you have cholesterol above 200 ml/dl? Total cholesterol _____ HDL _____ Date tested _____ Unknown _____ YES NO UNSURE
- 5. Do you have impaired fasting glucose (diabetes)? YES NO UNSURE
If yes, do you take insulin? YES NO What year were you diagnosed? _____
- 6. Are you physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week)? YES NO UNSURE
- 7. Do you currently smoke or have you quit smoking in the last 6 months? I smoke (#) _____ cigarettes per day/week (circle one) for _____ years YES NO UNSURE
I smoked (#) _____ cigarettes per day/week (circle one) _____ years ago.
- 8. Are you > 20 pounds overweight? YES NO UNSURE

**If you are a man over the age of 45 or a woman over the age of 55
OR if you answered "YES" to two (2) or more of the above major risk factors,
it is RECOMMENDED that you receive physician's clearance before beginning your exercise program.**

MAJOR SIGNS/SYMPTOMS SUGGESTIVE OF CARDIOVASCULAR AND PULMONARY DISEASE

- 1. Pain or discomfort (or angnal equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow) YES NO UNSURE
- 2. Shortness of breath at rest or w/mild exertion YES NO UNSURE
- 3. Dizziness or syncope at rest or w/mild exertion YES NO UNSURE
- 4. Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion YES NO UNSURE
- 5. Edema (excessive accumulation of tissue fluid) YES NO UNSURE
- 6. Palpitations or tachycardia (sudden rapid heart beat) YES NO UNSURE
- 7. Intermittent claudication (lameness due to decreased blood flow) YES NO UNSURE
- 8. Known heart murmur (abnormal heart sound) YES NO UNSURE
- 9. Unusual fatigue or shortness of breath with usual activities YES NO UNSURE

**If you answered, "YES" to any of the above major signs and symptoms listed above
OR have known cardiovascular, pulmonary or metabolic disease (see below for descriptions),
it is STRONGLY RECOMMENDED that you seek physician's clearance before beginning your exercise program.**

Cardiovascular – cardiac, peripheral vascular, cerebro-vascular disease
Pulmonary – chronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis
Metabolic Disease – diabetes mellitus (types 1 and 2), thyroid disorders, renal or liver disease

I understand this Health History Questionnaire has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his or her approval prior to beginning an exercise program. I understand the information I have provided will be maintained in my membership file for use in case of a medical emergency. My signature signifies that all of the above is true, to the best of my knowledge. Any information left unanswered was done so intentionally. If any of the above information changes, I agree to submit these changes in writing to the Assistant Director for Fitness/Wellness for an update to my membership file.

Signature _____ Date _____ Received by _____ Date _____



Exercise History and Goals

Name _____ Date _____

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 _____ 51+ _____

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

Yes _____ No _____ If yes, please specify _____

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

Yes _____ No _____

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

_____ minutes / day _____ days / week

5. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes _____ No _____ If yes, please specify the type of exercise(s) _____
_____ minutes / day _____ days / week

6. Rate your perception of the exertion of your exercise program (circle the number):

(1) light (2) fairly light (3) somewhat hard (4) hard

9. How long have you been exercising regularly?

_____ months _____ years

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

In the past 6 months? _____

In the past few years? _____

11. What types of exercise interest you?

walking
cycling
stationary bike
stair climbing

jogging
traditional aerobics
elliptical striding
swimming

other group fitness
strength training
racquet sports
yoga / Pilates

12. What do you want exercise to do for you? _____

13. Rank your goals in undertaking exercise. Use the following scale to rate each goal separately:

not						somewhat				extremely	
important						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. For enjoyment _____
- k. Other _____

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

(+) _____ lbs (-) _____ lbs

15. Specifically describe what you would like to accomplish through your fitness program during the next month. _____



PERSONAL TRAINING CLIENT/TRAINER AGREEMENT

This agreement ensures that the relationship between the client and personal trainer is clearly appreciated, respected and understood. This agreement must be signed prior to all training sessions.

Client Responsibilities

1. Personal training fees must be paid in full prior to scheduling the first session.
2. The client's personal training packet must be completed at the time of purchase. Failure to do so may result in delayed initial consultation. All forms will be confidential to the client and assigned personal trainer.
3. This personal training packet entitles the client to one hour long (60 minute) training session, which will include exercise counseling and assessment.
4. If the client is late, the session will only last until the end of the hour that the session was scheduled. A courtesy phone call to the trainer is appreciated.
5. **Eat something before your session, so that your body will have energy. Do NOT eat a major meal within 3 hours prior to your session (small snacks are ideal).**
6. Arrive (at least) 15 minutes prior to the scheduled session to complete an active warm-up and stretch. Please be prompt to ensure a complete workout.
7. Please allow (at least) 15 minutes after the end of the scheduled session for an active cool-down and stretch.
8. For any changes please contact your trainer.
9. **Cancellations must occur within 24 hours prior to your scheduled session.** Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
10. Clients must abide by Campus Recreation facility policies and guidelines. Be advised that policies may change, in which case your personal trainer will inform you.
11. It is recommended that you bring water to each session.
12. If you have any questions, please contact the Assistant Director for Fitness/Wellness at (413) 577-0855.

Personal Trainer Responsibilities

1. Personal trainers provide Campus Recreation members with the motivation, education, guidance and individual instruction necessary to achieve their personal fitness goals.
2. Personal trainer will design a safe, effective exercise program that reflects the client's objectives, fitness level and experience.
3. If the trainer is late, the client may decide to (a) reschedule the session (b) continue with the scheduled session, and the time owed is allotted to that client at no additional charge.
4. Once a personal training package/session is purchased and all forms have been completed and submitted, the Assistant Director for Fitness/Wellness will review the forms. If the participant is approved for personal training, the assigned personal trainer should contact you within 2-3 business days.
5. The personal trainer will allow for an open line of communication throughout the course of the client/trainer relationship.
6. If you feel a personal trainer or other fitness staff does not provide a sufficient level of customer service, please contact the Assistant Director for Fitness/Wellness at (413) 577-0855.

Client Signature _____ Date _____



UMass Campus Recreation
 112 Recreation Center
 161 Commonwealth Avenue
 Amherst, MA 01003
 (413) 545-0022 (phone)
 (413) 577-3870 (fax)
 www.umass.edu/campusrec

Medical Release Form

Date _____

Dear Dr. _____,

Your patient _____ is interested in taking part in the University of Massachusetts Amherst Campus Recreation Personal Training Program. The pre-screening process will involve testing of body composition, cardiovascular endurance, muscular endurance, muscular strength, and flexibility. All assessments will be administered by a certified personal trainer, qualified in assessment techniques, First Aid, CPR and AED.

Your patient has completed a physical activity readiness questionnaire and has demonstrated concern for medical clearance. By completing this form you are signifying that there are no medical reasons which preclude your patient from participating in the University of Massachusetts Amherst Campus Recreation Personal Training Program.

Please complete the following:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

Please list any medications that your client is currently taking:

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate any effect (raises, lowers, has no effect on heart rate response):

_____ The applicant has my approval to begin an exercise program with the recommendations or restrictions stated above.

_____ I would recommend that the applicant NOT participate in an exercise program.

Physician's Signature _____ Date _____ Phone _____

Client's Printed Name _____

Thank you for taking the time to complete this form.