



Longwood University
Personal Training
Contact Information



Name _____ Date _____

E-mail _____ Primary Phone _____

Work Phone _____ LU ID: _____

Age: _____ Date of Birth ____/____/____ Sex _____ Height _____

Are you: Undergraduate Student Graduate Student Faculty Staff Spouse

Who would you prefer to be trained by?

____ Male ____ Female Trainer Name (if known): _____

What are your preferred days/times to train?

Day _____ Time(s) _____

Day _____ Time(s) _____

Day _____ Time(s) _____

Day _____ Time(s) _____

Personal Training Packages

****All sessions must be completed by the end of the school year (May). Sessions left over will be forfeited****

Fitness Assessment Only (Faculty/Staff/Alumni: \$20.00) (Student: \$15.00)

Starter-Pack (Faculty/Staff/Alumni: \$54.00) (Student: \$45.00)

<input type="radio"/> Multi-Pack	(Faculty/Staff/Alumni: 6 Sessions \$120.00)	(Student: 6 Sessions \$99.00)
	(9 Sessions \$171.00)	(9 Sessions \$144.00)
	(12 Sessions \$216.00)	(12 Sessions \$180.00)
	(15 Sessions \$255.00)	(15 Sessions \$210.00)
	(18 Sessions \$288.00)	(18 Sessions \$234.00)

<input type="radio"/> Buddy Pack	(Faculty/Staff/Alumni: 6 Sessions \$108.00 each)	(Student: 6 Sessions \$89.10 each)
	(9 Sessions \$153.90 each)	(9 Sessions \$129.60 each)
	(12 Sessions \$194.40 each)	(12 Sessions \$162.00 each)
	(15 Sessions \$229.50 each)	(15 Sessions \$189.00 each)
	(18 Sessions \$259.20 each)	(18 Sessions \$210.60 each)

Additional Sessions Paid Date: _____

Cash

Check

Check # _____

Credit card

Staff Initial: _____

Name: _____ Date: _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Physician's Phone _____

Date of last physical examination _____

1. How would you rate your current knowledge of Health and Fitness?

- Excellent
- Good
- Fair
- Poor

2. Please rate your daily stress level:

- | | | |
|-------------------------------------|----------|-------------------------------------|
| Low | Moderate | High, but I enjoy the challenge |
| High, sometimes difficult to handle | | High, often too difficult to handle |

3. Is your occupation

- | | | |
|------------------------|---------------------------------|----------------------------------|
| Inactive
(Desk job) | Light Activity
(Waitressing) | Heavy Activity
(Construction) |
|------------------------|---------------------------------|----------------------------------|

4. How many times in a week are you active enough to break a sweat? _____

5. When you exercise, how long are you active? _____ minutes

6. On a scale of 1-10 (10 being the greatest), how intense is your physical activity _____

7. How many years have you been exercising? _____

8. If you are currently involved in activities, how many minutes, in a typical week, do you spend engaged in the following:

- | | | |
|-----------------------|---------------------|-----------------------|
| _____ Running/Jogging | _____ Stair Climber | _____ Weight Training |
| _____ Aerobics | _____ Walking | _____ Skiing |
| _____ Swimming | _____ Biking | _____ Yoga/Pilates |
| _____ Racquet Sports | _____ Hiking | _____ Rock climbing |

Please indicate your personal health and fitness goals by answering the questions below

9. What are your overall fitness goals? (Ex. Weight loss, muscular strength, Injury rehab, sports specific training, etc.)_

10. What has been the hardest part about reaching your fitness goals in the past? (Ex. Too busy, not motivated, unsure of what to do in the gym, etc.)_____

11. Do you have any allergies? _____ Yes _____ No

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

Do you now, or have you experienced any of the following in the past:	YES	NO
1. History of heart problems, chest pains, or stroke?	_____	_____
2. Increased blood pressure?	_____	_____
3. Any chronic illness or infection?	_____	_____
4. Difficulty with physical exercise?	_____	_____
5. Advice from a 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?	_____	_____
16. Has your weight fluctuated more than a few pounds?	_____	_____
17. Do you sometimes have trouble sleeping?	_____	_____
18. Have you suffered from migraine headaches?	_____	_____
19. Have you felt nervous or anxious for no apparent reason?	_____	_____
20. Have you experienced sudden tingling or numbness in your arms, legs, feet or your face?	_____	_____
21. Do you experience pain or cramping in your legs?	_____	_____

Please explain any YES answers:

Please circle any conditions or diagnosis that applies to you:

Abnormal EKG	Limited Range of Motion	Stroke
Abnormal Chest X-Ray	Arthritis	Epilepsy or Seizures
Rheumatic Fever	Bursitis	Chronic Headaches
Low Blood Pressure	Swollen or Painful Joints	Persistent Fatigue
Asthma	Foot Problems	Stomach Problems
Bronchitis	Knee Problems	Hernia
Emphysema	Back Problems	Anemia
Shoulder Problems	Pregnant	Recently Broken Bones

Has your physician imposed activity restrictions? If yes, please describe:

Family History

Heart Attack or heart surgery prior to age 55	Stroke prior to age 50
Congenital heart disease or left ventricular hypertrophy	Obesity
Hypertension	Asthma
Leukemia or cancer prior to age 60	Osteoporosis
Diabetes	High Cholesterol

Additional Comments:

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	
<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 (for example, back, knee or hip) 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.

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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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.

Assessment and Testing Objectives

All assessment information and results will be added on to www.trainermetrics.com. This includes your name, birthday, height, weight, and results. All clients will receive an email notification with login information to view this data at any point.

You may be asked to perform a graded exercise test on a cycle ergometer or treadmill for your assessment. The intensity of exercise will progress through stages depending on your current fitness level. The test may be terminated as a result of signs of fatigue or changes in your heart rate, blood pressure or any symptoms you may experience. You may stop the test at any time if you feel any type of pain or discomfort.

Attendant Risks and Discomforts

The possibility exists for changes to occur during the test. These may include abnormal changes in blood pressure, fainting, altered heart rhythm, and in rare instances, heart attack. Every effort will be made to minimize these risks based on preliminary examination and observation throughout testing. Emergency equipment and trained personnel are located on-site to deal with unusual situations that may arise.

Responsibility of the Client

Information regarding your previous and/or current health status with physical effort has the possibility to affect the safety of your exercise test. Any symptoms or unusual feelings should be expressed to your trainer immediately so that proper measures can be taken. It is your responsibility to fully disclose your medical history and to report all medications (including non-prescription) to your trainer.

Benefits to be Expected

The results obtained from this test will assist your trainer in developing your individualized program best suited to help you reach your fitness goals.

Questions or Concerns

Any questions you have regarding testing parameters, procedures and results are encouraged. If you need further explanation about anything surrounding this procedure please do not hesitate to ask.

Use of Medical Records

The information obtained during your testing session will be treated as privileged and confidential. It will not be released or revealed to any individual except your referring physician without prior written consent. The information may however be used for statistical analysis with your right to privacy retained.

Freedom of Consent

I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point if I so desire.

I have read this form and I understand the test procedures that I will perform and the attendant risks and discomforts associated with such a test. Knowing these risks and discomforts, I've had the opportunity to express my questions and concerns which have been answered to my satisfaction. I consent to participate in this test and be added into Trainermetrics.

Signature of Client _____

Date _____

Signature of Trainer _____

Date _____

Scheduling

- Complete the Personal Training Request Form and Pre-Participation Screening Questionnaire and return to the Office of Campus Recreation
- Pay for packages online or in person at the Office of Campus Recreation in the Health and Fitness Center, Monday through Friday 8:30 am – 5:00 pm
- Direct all questions to the Assistant Director, Fitness and Informal Recreation by phone at (434)395-2175 or e-mail at robinsoncn@longwood.edu

Payment Procedures

All payments are to be made in the Office of Campus Recreation prior to the first meeting (fitness assessment) with your trainer. All sessions and packages must be paid in full before training begins.

Cancellation Policy

The client is required to give their trainer an advanced notice of at least 8-hours (unless otherwise agreed upon by both the trainer and client) of any absence. If an 8-hour notice is not received, *the client will forfeit that session.*

The trainer is not permitted to cancel a session unless it is due to illness or an emergency situation. If the trainer must cancel, they are required to give their client an advanced notice of at least 8-hours.

Tardiness

Clients and trainers are expected to begin all sessions at the scheduled start times. If a client is tardy to a session, that time will be deducted from their training session. The trainer will wait 15 minutes after the scheduled start time after which the entire *session will be forfeited.*

The trainer is not permitted to arrive late to a scheduled session. If the trainer is tardy, that time will be made up either at that session or in another session (determined by the client). If a trainer fails to show within 15 minutes of the scheduled start time, the client should contact the Fitness Coordinator and a make-up session will be scheduled.

Refunds

Refunds will only be given for personal training sessions and packages if there is a medically documented reason. If the client is unhappy with their trainer, they should contact the Assistant Director, Fitness and Informal Recreation immediately so that other arrangements can be made.

I have read, been given the opportunity to ask questions and understand the policies and procedures of Longwood University's Personal Training Program.

Client Signature _____

Date _____

Trainer Signature _____

Date _____

**Longwood University
Campus Recreation
Personal Training Packet
434-395-2356 (Phone)**

Welcome to the Personal Training Program provided by the Department of Campus Recreation at Longwood University! We are dedicated to providing outstanding fitness and wellness opportunities to the Longwood University community. Each member of our personal training staff has received either the Campus Recreation Personal Trainer Certification or holds a national certification. Each Personal Trainer is qualified to handle an emergency situation should one arise. We pride ourselves in our ability to accommodate clients of different ages, medical conditions and experience levels. Our qualified staff is prepared to work with you to develop an individualized program and assist you in developing and maintaining a healthy lifestyle.

Your initial assessment will provide you the opportunity to get to know your trainer and to voice any questions or concerns you may have. Your fitness assessment will include heart rate and blood pressure measurements, body composition analysis, flexibility testing and cardiovascular and muscular endurance assessments. Your exercise program will be designed based on your current fitness level and will take your personal, long-term goals into consideration. Your trainer will be focused on developing an individualized program that incorporates your preferences, abilities and skills.

We are honored that you have chosen our program to guide you on your journey to a healthier lifestyle. We wish you the best with your new training program and are excited to be a part of your transformation. Please contact me at the number below if you have any questions, comments or concerns.

Chelsea Robinson

Assistant Director, Fitness and Informal Recreation

(434)395-2175

robinsoncn@longwood.edu

