



SMALL GROUP TRAINING

Activate

Mind. Body. Spirit.

Welcome to Personal Training at the RecPlex. We commend you on making the decision to take an active role in your health and wellbeing. Our staff is dedicated to helping you take proactive steps towards reaching your goals, improving yourself, and your quality of life!

Please take the time to complete the following forms. Upon submitting your completed forms and payment, your Personal Trainer will contact you within 48 hours to schedule your initial assessment and consultation.

Small Group Training Request/Information Form

Name: _____ Department/Program: _____

Phone: (day) _____ (night) _____

Email: _____

Preferred Times and Days to Train: _____

How many times a week would you like to train? _____

Is this your first time working with a Personal Trainer? _____

What is your current activity level regarding exercise? _____

Personal Trainer Preference (If you do not have a preference, we can assign you a trainer based on your information.): _____ Male _____ Female

Please list the names of your group below:

Name	NSU Affiliation	RecPlex Member	Phone	Email
Carrie Client	Staff	Y	X 1234	carrie@nova.edu

Please observe the training etiquette below:

- Payments must be made in advance.
- Training sessions are one hour long.
- Be punctual. Please call if you are going to be more than 5 minutes late (954-262-7301). Sessions will start on time as long as at least 1 member of the group is present. If the entire group is late the session will only last until the end of the hour that the session was scheduled for. Trainers will only wait 15 minutes for the group. Any tardiness of the entire group of more than 15 minutes will result in the loss of that session for the group.
- Please devote your full attention to your session. Cell phones and other devices are not permitted during training.
- Please follow all policies regarding dress when in the Fitness Center. Proper exercise attire required with no open mid-section.
- If a medical clearance is needed, the initial consultation will be scheduled after written release is given by your doctor.

Please note the following policies:

- Small group packages are for the group as a whole. The same amount of sessions must be purchased as a group. If a 12 session package is purchased, if only 1 group member shows to the scheduled session, there are only 11 left for the entire group.
- As long as a scheduled session takes place (has not been cancelled as per cancellation policy) it will count as a completed session for the entire group. Any group member that doesn't participate will lose that session. All the members in a small group will always be on the same number session whether all have participated or not.
- If a session needs to be cancelled for any reason (other than an emergency) a 24 hour notice must be given by calling your trainer and the RecPlex (954) 262-7301, or sessions will be forfeited.
- After 2 consecutive cancellations, the next consecutive cancelled session will be forfeited.
- Sessions are good only for six months from the date the sessions were purchased (the only exceptions made will be due to medical emergencies).
- Fitness Assessments will be done for packages of 4 sessions or more. Single Session clients may opt to purchase the assessment for \$15.00 in addition to their sessions. Individual assessments will be done for small group clients, yet these must be done for all members of the group consecutively at one scheduled time. (If medical clearance is needed by one group member, sessions will not begin until clearance is provided).

Client/Personal Trainer Guidelines

The guidelines that are outlined below are to ensure that the responsibility and relationship between the Trainer and the Client is clearly appreciated and understood.

Client's Responsibilities:

It is very important that clients share all health history information and any medical concerns with the trainer. Keep in mind that you will need to notify your trainer about medications you are on. Any time new medications or diagnoses are given, it is imperative that you inform your trainer. Medications and certain conditions may pose significant risks to some types of training and your trainer must be aware in order to adjust your program safely and accordingly. If at any time during your workout, you feel discomfort or pain you must tell your trainer. Reaching your fitness goals is not always an easy accomplishment. It takes hard work and dedication. Your trainer will ensure correct exercise program development and technique; however, you must provide the commitment to give 100% of your energy and concentration to each session. This combination is to ensure your success!

Your payment for the Personal Training service must be made prior to your first training session. The trainers are not able to take money from clients so you must plan to pay at the RecPlex Main Office between normal working hours. (Your initial fitness assessment is not counted as the first training session if you purchase 8 or 12 session packages). The time of this training session is agreed upon between the client and the trainer. If the client is late, the session will only last until the end of the hour for which that session was scheduled. If a session needs to be cancelled for any reason, a 24 hour notice must be given to the trainer by calling the trainer directly and 262-7301. If prior notification is not given, that session will be forfeited. After two consecutive cancellations, the session is forfeited.

Trainer's Responsibilities:

Each training session is individually designed to meet your needs and goals and will last a maximum of 60 minutes. The personal trainer is there to create a workout program that is safe, effective, and conducive to reaching the goals that been agreed upon by the client and trainer. If the trainer is late for a session, that time is owed to the client. If the trainer must cancel a session, the session is owed to the client. All information regarding your program and progress is confidential and will remain on file for 3 years following the cessation of your participation in the program. If you have any feedback regarding your trainer, or questions, please contact Marcela Sandigo at 954-262-7018 or pmarcela@nova.edu.

I understand and agree to the roles and responsibilities explained above:

Client's Signature: _____

Date:

Trainer's Signature: _____

Date:

Training: Client Profile

Client: _____ Age/DOB: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Info (2): _____ Relationship: _____

Occupation: _____ Hrs/Week: _____

Prescribed Medications: _____
Allergies: _____

Please list any medical issues that you have been treated for/are currently being treated for:

Are you currently experiencing pain during any daily activity?

Have you worked with a Personal Trainer before? (When/How Long/Outcome)

Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Age: _____ Date: _____

Local Address: _____

Phone # (Day): _____ Email: _____

Phone# (Night): _____

- Please read the following questions carefully and check (X) the appropriate answer. Answer all questions honestly and to the best of your ability.

YES NO

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or 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. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity? |
| <input type="checkbox"/> <input type="checkbox"/> | 6. Do you have a diagnosed illness that could be made worse by physical activity? |
| <input type="checkbox"/> <input type="checkbox"/> | 7. Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| <input type="checkbox"/> <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> <input type="checkbox"/> | 9. Do you know of any other reason why you should not do physical activity? |

Please circle appropriately: Male 45 or older Female 55 or older N/A

Fitness Participation Agreement

I have voluntarily chosen to participate in fitness activities offered by the office of Campus Recreation at Nova Southeastern University. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self-determine my exertion through good judgment and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement that I hereby waive and release Nova Southeastern University, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in fitness activities.

Signature of Participant

Date

Client Goals:

What are your reasons for seeking a Personal Trainer?

What are your objectives in your personal fitness program?

Please list two short-term fitness goals:

1)

2)

Please list two long-term goals:

1)

2)

What motivates you? Are you intrinsically or extrinsically motivated?

Please describe your attitude toward fitness:

Are there any mottos or statements that you use for positive reinforcement? Please list:

What makes you fall off your fitness routine?

What turns you on, and what turns you off about exercise?

What are your favorite physical activities? Which do you dislike?

Please choose a “spent word.” A “spent word” works like a stop sign. It will be a word you will use when you are pushed to the limit and want to stop. This word is not a synonym for giving up, just a word to indicate exhaustion.

Please indicate any concerns you have regarding your training: What are you most excited to be able to do/wear/accomplish when you achieve your goals? How will you reward yourself?



Health & Fitness Liability Waiver / Informed Consent Form

"I, _____, have enrolled in the personalized health and fitness program offered through the Office of Campus Recreation at Nova Southeastern University. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Nova Southeastern University."

"In consideration of my participation in this program, I, _____, hereby release Nova Southeastern University and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

" I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Nova Southeastern University and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Participant Signature)

(Date)

Once you have completed this packet of information, bring your PAR-Q, Informed Consent, and payment method to the RecPlex Service Desk during normal business hours to submit your paperwork. We will contact you within 48 hours to start scheduling your sessions!

Congratulations on taking the next step to achieving your goals!