



# PERSONAL 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.**

Please observe the training etiquette below:

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- Payments must be made in advance.
- Training sessions are one hour long. If sessions are ended early based on the client's request, the session is considered completed and the remaining time will not be made up during a later date.
- Be punctual. Please call your trainer if you are going to be more than 5 minutes late. Trainers will only wait 15 minutes for late arrivals. Any tardiness of more than 15 minutes will result in the loss of that session.
- Please devote your full attention to your session. Cell phones and other devices are not permitted.
- 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.
- If a session needs to be cancelled for any reason (other than an emergency) a 24 hour notice must be given by 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 4 sessions or more. Single Session clients may opt to purchase the assessment for \$15.00 in addition to their sessions.

# 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 4 or more 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 and by calling 262-7301. If prior notification is not given, that session will be 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 954-262-7018 or [pmarcela@nova.edu](mailto:pmarcela@nova.edu)

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

Client's Signature: \_\_\_\_\_

Date:

Trainer's Signature: \_\_\_\_\_

Date:

# Personal Training Request/ Information Form

Name: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (night) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Times and Days to Train: \_\_\_\_\_

How many times per 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 and goals.): \_\_\_\_\_ Male \_\_\_\_\_ Female

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# Training: Client Profile

Client: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Days and Times to Train: \_\_\_\_\_

Is this your first time ever working out with a Personal Trainer? : \_\_\_\_\_

Emergency Contact Info (2):

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

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

- \_\_\_ \_\_\_ 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?
- \_\_\_ \_\_\_ 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. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- \_\_\_ \_\_\_ 6. Do you have a diagnosed illness that could be made worse by physical activity?
- \_\_\_ \_\_\_ 7. Is your doctor currently prescribing medication for your blood pressure or heart condition?
- \_\_\_ \_\_\_ 8. Are you pregnant?
- \_\_\_ \_\_\_ 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 judgement 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?

What are your expected outcomes?

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:

What do you value in your personal fitness program?

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?

What is your favorite type of music to exercise to?

Where will you find support during your training efforts?

Have you communicated your objectives, goals and needs to your support group?

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?

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## 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)

# Congratulations on taking the next step to achieving your goals!

Once you have completed this packet of information, bring your PAR-Q, Informed Consent, and payment method to the RecPlex Main Office during normal business hours to submit your paperwork and be assigned a Personal Trainer.