

FITNESS SERVICES

Welcome and thank you for your interest in Fitness Services at University Recreation. You are taking the first steps towards improved health and fitness. Our mission is to empower our clients to achieve active, healthy lifestyles through education, motivation, and training. To take the next step in your journey please read and complete this packet in its entirety. These forms are an important means for us to help you reach your goals safely and effectively.

Policies and Procedures:

Payment: Payment for our fitness services can be made at the Student Recreation Center or the Aquatic Center. Payment must be received in full prior to any service being scheduled. Full payment for partner training must be made by both individuals at the same time.

Expiration: All fitness service offerings expire 365 days from the date of purchase. Fitness services purchased are void after this time period.

Refund: Fitness service offerings are non-refundable unless a verifiable medical conflict exists (physician letter required).

Cancellation: Appointments must be canceled **24 hours in advance** by notifying your personal trainer via phone and/or email. Appointments not cancelled will be charged as a training session/service. The trainer will make up any sessions he/she has to cancel.

Arriving Late: Please contact your trainer if you will be arriving late for your appointment. Trainers will wait 15 minutes for late arrivals, at that point the session/service will be charged and the personal trainer has the right to leave the premises. Session time missed for late arrivals will not be made up.

Partner and Group Training Cancellation: There are no individual make up sessions for partner or group training. Missing a partner or group session will result in that individual forfeiting the session.

Registration: The fitness services packet must be completed and submitted with payment to the appropriate University Recreation facility office prior to any service being scheduled. Upon receipt of these materials, a personal trainer will be in contact via email and/or phone within 3 business days to schedule an appointment.

Medical: After review of your medical history our Coordinator of Fitness Services may request you to submit information from your physician prior to scheduling an appointment. This is a very routine process for personal training and is an attempt to make certain that we follow all medical guidelines from your doctor.

Feel free to call us at any time with any new ideas, suggestions, or comments. Our goal is to help you improve your fitness and overall quality of life. Thanks for choosing us to help you meet your fitness needs.

Student Recreation Center Membership Office – 348-5140
Coordinator of Fitness Services – Will Boucher (348-6261)

Follow us on Twitter @URECFitness or find us on Facebook at Alabama UREC Personal Training for current specials, program updates and fitness tips.

****Please retain this page for your records****

University of Alabama Personal Training Registration

Name: _____ Date: _____ CWID: _____

Email: _____ Phone: _____

UREC Affiliation: Student Faculty/Staff Spouse/Partner Other Non-member*

UREC Facility Membership (full-time students may skip this question):

Student Recreation Center/Witt Center at Presidential Village Aquatic Center

Rates:

Fitness Assessment		
Skin-fold Body Composition		\$5
BodPod Body Composition		\$30
Micro-Fit Fitness Assessment		\$25

*Non-member price includes an additional \$10 for the cost of a day pass to the facility.

Trainer Preference:

Male Female No Preference

Specific Trainer Request: _____

*All efforts to accommodate requests will be made, but cannot be guaranteed. Assignments are based on client goals, fitness levels and schedules.

Availability:

Please indicate all days and time blocks you are most available to have the assessment

*All efforts to accommodate requests will be made, but exact days/times cannot be guaranteed.

BodPod instructions:

1. Do not eat or drink 1 hour prior to the assessment
2. Do not exercise 3 hours prior to the assessment
3. Do not perform excessive physical activity 3 hours prior to the assessment
4. Men should bring spandex compression shorts to wear during the assessment
5. Women should bring either spandex compression shorts/sports bra or a spandex bathing suit to wear during the assessment

Office Use Only

Paid \$ _____ Cash ____ Check ____ BamaCash ____ Credit Card ____

Staff _____ Please verify that all paperwork has been completed. Invoice# _____

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 <u>and</u> 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 <u>any other reason</u> 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 _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

DATE _____

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.

Health History Questionnaire

Name _____ Age _____ Date of Birth _____ Gender _____
First MI Last

Address _____
Street City State Zip

Telephone (home) _____ (cell) _____

Personal Physician _____ Location _____

Emergency Contact _____ Phone # _____ Relationship _____

To help us determine if you should consult with your physician before starting an exercise program with University Recreation, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please mark YES or NO:

- | | | |
|-----|----|--|
| YES | NO | Do you have a heart condition? |
| YES | NO | Have you ever experienced a stroke? |
| YES | NO | Do you have epilepsy? |
| YES | NO | Are you pregnant? |
| YES | NO | Do you have diabetes? |
| YES | NO | Do you have emphysema? |
| YES | NO | Do you feel pain in your chest when you engage in physical activity? |
| YES | NO | Do you have chronic bronchitis? |
| YES | NO | In the past month, have you had chest pain when you were not doing physical activity? |
| YES | NO | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| YES | NO | Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| YES | NO | Has a physician ever told you or are you aware that you have high blood pressure? |
| YES | NO | Anyone in your immediate family had a heart attack, stroke or cardiovascular disease before age 55? |
| YES | NO | Has a physician ever told you or are you aware that you have a high cholesterol level? |
| YES | NO | Do you currently smoke? |
| YES | NO | Are you a male over 44 years of age? |
| YES | NO | Are you a female over 54 years of age? |
| YES | NO | Are you currently exercising LESS than 1 hour per week? |

MEDICAL CONDITIONS:

Please list recent hospitalizations (women please do not list **normal** pregnancies)

Year	Location	Reason

Any other medical problems not already identified?

Are you taking any prescription or non-prescription medications? (Include birth control pills)

Medication	Reason for taking	For how long?

Informed Consent

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life. I realize that is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date _____

Name (Please Print) _____

Signature _____

Witness _____