



## **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

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

Student Recreation Center/Witt Center at Presidential Village    Aquatic Center

Primary facility you wish to meet with trainer (non-students must meet in membership facility):

Student Recreation Center    Witt Center at Presidential Village    Aquatic Center

## AM2 Group Training

CLASS	Total # of sessions	Rate per Session	Total Price
<b>Day(s):</b> Sun   Mon   Tue   Wed   Thu   Fri   Sat <b>Time(s):</b>			
<b>Create Your Own AM2 (Minimum of 4 sessions)</b>			
	Total # of sessions	Rate per Session	Total Price
		\$50/session	

**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 train:

\_\_\_\_\_

\_\_\_\_\_

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

Please list all group members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*One person will be required to be the "Group Leader". This individual will be responsible for all paperwork/payment submission, insuring all UREC policies are followed, and be the contact person for the personal trainer. All sessions purchased must be paid in full by this individual at one time. We will not accept payment from multiple parties of the group.

Office Use Only

Paid \$ \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ BamaCash \_\_\_\_ Credit Card \_\_\_\_

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

# 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
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Any other medical problems not already identified?

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

Medication	Reason for taking	For how long?
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## **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 \_\_\_\_\_