

UAB University Recreation: Personal Training Agreement

Date: _____

Received By: _____

Please fill in the following information and email the completed form to fitness@uab.edu. We will contact you within 48 business hours on next steps to get you set up with a personal trainer.

CLIENT INFORMATION

Name: _____ **Sex:** M _____ F _____
Last First M.I.

Phone: _____ **Email:** _____ **D.O.B.:** _____

Home Address: _____
Street Address City State Zip Code

Preferred Method of Contact: Phone Call _____ Email _____ Text _____

How did you hear about UAB Personal Training?

Website: _____ Flyer: _____ Referral (please indicated who referred you): _____ Other: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Phone #: _____

Name of Physician: _____ Phone #: _____

PERSONAL TRAINING PACKAGE INFORMATION

Payment forms accepted: credit or debit card

All training packages include a personal training assessment with your trainer. There are no refunds on personal training sessions once a session from the package has been used.

1:1 Sessions

	4-Sessions	8-Sessions	12-Sessions
Student	<input type="checkbox"/> \$237	<input type="checkbox"/> \$457	<input type="checkbox"/> \$659
Member	<input type="checkbox"/> \$259	<input type="checkbox"/> \$507	<input type="checkbox"/> \$729
Non-Member	<input type="checkbox"/> \$289	<input type="checkbox"/> \$557	<input type="checkbox"/> \$809

Semi-Private Sessions

	4-Sessions	8-Sessions	12-Sessions
Student	<input type="checkbox"/> \$159	<input type="checkbox"/> \$307	<input type="checkbox"/> \$437
Member	<input type="checkbox"/> \$217	<input type="checkbox"/> \$417	<input type="checkbox"/> \$599
Non-Member	<input type="checkbox"/> \$277	<input type="checkbox"/> \$537	<input type="checkbox"/> \$779

LiftWise

Student	<input type="checkbox"/> \$120
Member	<input type="checkbox"/> \$200
Non-Member	<input type="checkbox"/> \$260

LiftPro

Student	<input type="checkbox"/> \$240
Member	<input type="checkbox"/> \$400
Non-Member	<input type="checkbox"/> \$520

CLIENT AVAILABILITY & TRAINING INTEREST

Please check all of the times/days you are AVAILABLE to meet with your trainer

	<u>MON:</u>	<u>TUES:</u>	<u>WED:</u>	<u>THUR:</u>	<u>FRI:</u>	<u>SAT:</u>	<u>SUN:</u>
EARLY MORNING (5 – 8am)							
MID MORNING (8 – 11am)							
LUNCHTIME (11am – 1pm)							
AFTERNOON (1 – 4pm)							
EARLY EVENING (4 – 7pm)							
LATE EVENING (7pm – 10pm)							

1. **How many times per week would you like to train with your trainer? :** _____

2. **Do you have a trainer preference?:** No Preference _____ Male _____ Female _____

3. **Do you have any preferences for the type of coaching/support you would like from your trainer?**

4. **Have you ever worked with a personal trainer before?** NO _____ YES _____ (If Yes, please indicate what you liked or did not like about that experience so that we can better meet your training needs)

5. **Would you like to request a specific trainer? If yes, list their name(s) below.**

GOALS

Prior to your first training session, you will have an Initial Consultation with your trainer. The Initial Consultation will serve to go over your goals and overall expectations in detail. Please list any information related to your goals that would aid in the process.

Please list any physical activity/fitness related goals you would like to achieve. Goals should be specific, measurable, and realistic

- _____
- _____
- _____

What do you feel is your biggest barrier or challenge in achieving your goals?

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HEALTH HISTORY QUESTIONNAIRE & PAR-Q

Name: _____

Age: _____

Date: _____

For most people physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. If you are over the age of 69 and not used to being very active, check with your doctor.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have bone or joint problems (for example, back, knee or hip) that could be made worse by change in your physical activity? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of ANY OTHER REASON you should not do physical activity? |

If you checked "yes" for any questions 1-6 you must receive clearance from your physician prior to participating in a progressive exercise program.

If you do or have ever experienced any of the following, please place an "X" next to that item.

If you have marked any of the following questions you may need to gain *physicians approval before training.*

Past/Present			Past/Present			Past/Present		
Heart Disease			High Cholesterol			Hernia		
Rheumatic Fever			Low Blood Sugar			Cancer		
Recent Operation			High Blood Pressure			Arthritis		
Heart Attack			Disordered Eating			Lung Disease		
Diabetes			Fainting or Dizziness			Known Heart Murmur		
Edema			Unusual fatigue or shortness of breath			Palpitations or Tachycardia		
Chest Pains			Temporary loss of visual acuity or speech			Intermittent Claudication		
Pregnant			Smoke cigarettes			Bone or joint Problems		
Back or neck pain			Unexplained recent weight loss/gain			Blood Clots		

If you marked any of the questions above, please describe:

List all medications and/or supplements you are currently taking:

Name of Medication or supplement	Reason	Dosage	Frequency

**ACTIVITY
HISTORY**

1. Do you currently participate in a regular physical activity, or have you in the past? **YES**__**NO** __
2. Do you currently participate in a regular resistance training program, or have you in the past? **YES**__**NO** __
3. CIRCLE the amount of time you spend sitting during the course of most days of the week:
 - a. Almost none of the time
 - b. Approximately $\frac{1}{4}$ of the time
 - c. Approximately $\frac{1}{2}$ of the time
 - d. Approximately $\frac{3}{4}$ of the time
 - e. Almost all the time
4. Circle the level of stress you feel in your day-to-day life:
 - a. High
 - b. Moderate
 - c. Low
5. How do you manage your stress? _____

NUTRITION

6. Have you experienced any weight changes in the last 6 months? **YES** _____ **NO** _____
a. Gain _____ lbs. Loss _____ lbs.
7. On average, how would you rate your eating habits (5 – Very Healthy, 1 – Very Unhealthy)
a. 5 – Very Healthy
b. 4 – Healthy
c. 3 – Neutral
d. 2 – Unhealthy
e. 1 – Very Unhealthy
8. Please indicate how many meals you normally have in a day: _____ Snacks: _____
9. Do you normally eat breakfast? **YES** _____ **NO** _____
a. IF YES, what do you normally have? _____
10. Do you tend to go long periods of time without eating? **YES** _____ **NO** _____
a. IF YES, on average how long? _____
11. How many caffeinated beverages do you consume daily? _____ What kinds? _____
12. Do you currently or have you ever smoked cigarettes on a consistent basis? **YES** _____ **NO** _____
a. IF YES, how often? _____
- 13. Please list any nutritional concerns that you currently have:**

PERSONAL TRAINING POLICY REVIEW & CHECKLIST

Please read the following & initial where appropriate:

1. I understand that sessions are not refundable once at least one session has been used from the package. _____
2. I understand that all sessions purchased must be used within one calendar year of the date of purchase, and that any unused session will expire after one year. _____
3. I understand that schedule cancellations require at least 24 hours notice or I will be charged for the session. _____
4. I understand that if I am more than 15 minutes late for my session, my trainer will charge me for an entire session, and my session may be cancelled. _____
5. I understand that I cannot transfer my sessions to another person. _____
6. I understand that I can request a trainer. If the trainer is unavailable, however, I will be given the option of waiting up to 4 weeks for that trainer or I will be scheduled with another trainer. _____
7. I understand there will be certain expectations of me that the trainer will cover in detail at our first meeting. I understand that if I do not commit with 100% effort to this program that my assigned trainer can request that I train with someone else. _____
8. I understand that the more feedback I provide my trainer, the more effective my training program will be. _____
9. I understand that if I am uncomfortable with a particular exercise, I can ask the trainer why I am doing it and request that he or she change the exercise. _____
10. I understand that I will be contacted by my trainer within 48 hours of being assigned to him/her. I also understand that I may have to wait up to 2 weeks to be assigned to a trainer if there are no trainers available when I sign up. _____
11. I understand that I will be contacted by my trainer to set up my personal training schedule. If I do not show up for my sessions and do not give at least 24-hour notice, I will be charged for the session. _____
12. I understand that my session(s) may be shadowed by a manager for purposes of evaluating the Trainer for professional development. _____

Print Name

Client Signature

Trainer Signature

Date

Date

PERSONAL TRAINING PROGRAM EXPECTATIONS

Please read the following:

Client Expectations

- Clients are expected to communicate well with trainers concerning sessions, cancellations, medical issues, and respond to contacts within a timely manner.
- Clients are expected to arrive for training sessions on time and ready for exercise. This includes appropriate workout attire and positive attitude.
- Clients are expected to inform trainers of any and all changes in health status or medications taken for any reason.
- Clients are expected to inform trainers of any discomforts they may be experiencing or any concerns they may have.
- Clients are expected to commit to living a healthier lifestyle in order to maximize their personal training experience.

Trainer Expectations

- Trainers are expected to communicate well with clients and respond to all emails, phone calls, and inquires in a timely fashion.
- Trainers are to arrive for all training sessions prior to start time ready to work. This includes professional dress, demeanor, and attitude.
- Trainers are to give feedback on clients' progress throughout sessions and provide programs that are appropriate for client goals and interests.
- Trainers are to devote their full attention to each client while training.

By signing below I confirm that I have read the above expectations and understand what is expected of me.

Client Signature

Date