

Personal Training Registration Packet

Please completely fill out this packet and email it to fitness@olemiss.edu



*Information to remember when participating in Personal Training sessions
with Ole Miss Campus Recreation:*

1. For your FREE Fitness Assessment and for all personal training sessions, please come appropriately dressed to work out and remember to bring water. Please no jeans or open toed shoes.
2. You will receive an email from your trainer within 48 to 72 business after submitting this completed packet!
3. Meet your Personal Trainer at the location indicated in the email on the day of your Fitness Assessment. Payment must be complete prior or at the time of the Fitness Assessment.
4. Please be on time or even a bit early so that we have the entire session to meet or work out.
5. Your Fitness Assessment will last 45 minutes to one hour and all Personal Training sessions last one hour.
6. If you cannot make an appointment, please notify your trainer directly. You will receive their contact information via email prior to your Fitness Assessment. We have taken special care to reserve these time slots for you. If you do not show up or call, we are unable to utilize this time to consult with another member.
7. Participants have 150 days from the date of the first session to complete all sessions purchased. Failure to do so will result in the forfeiture of the remaining sessions.
8. Individual sessions must be cancelled at least 24 hours before your scheduled training time. Failure to cancel or to show up for a scheduled session will result in the loss of your training session, with no refund. Please contact your trainer directly to cancel a session. Thank you for your cooperation.
9. To cancel the remaining sessions of a purchased package and receive a refund in the amount of the unused sessions, the participant must produce the original receipt given when payment is accepted. No exceptions.
10. Email fitness@olemiss.edu with any questions or concerns.

Save a copy of this packet for your records.



Personal Training Registration Packet

Name: (Last) _____ (First) _____ (MI) _____

Address: Street _____ Apt.# _____

City _____ State _____ Zip _____

Email Address: (UM Email if applicable) _____

Cell # _____ **Home/Work #** _____

Date of Birth: ____/____/____ **Age:** _____ **Gender:** _____

Classification: (check one) Student Grad Student Faculty/Staff F/S Family CR Member

Emergency Contact: (Must be legally able to make medical decisions for you).

Name: _____ **Phone:** _____ **Relationship:** _____

Weekly Availability to meet with Personal Trainer:

Be specific with times.	6am-10am	10am-2pm	2pm-6pm	6-10pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Requested Trainer Name: _____ **Referred by:** _____

Preferred Trainer: (check one) Male Female No Preference

Preferred Training Locations (check one) Turner Center South Campus Recreation Center

Training Session Packages: (select below) **Training Partner Name:** (if applicable) _____

Individual Package Options	
5 Sessions — \$75	20 Sessions — \$300
8 Sessions — \$120	24 Sessions — \$350
12 Sessions — \$180	28 Sessions — \$400
16 Sessions — \$240	32 Sessions — \$450
Partner Package Options	
8 Sessions — \$192	\$12/session/person
12 Sessions — \$276	\$11.50/session/person
16 Sessions — \$360	\$11.25/session/person
<i>All packages include an initial Fitness Assessment for FREE!</i>	

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

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 _____

DATE _____

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

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.



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Health History/Medical History Questionnaire:

Have you, or an immediate family member (IFM) now or in the past experienced:**

	YOU	IFM:	Relationship:		YOU	IFM:	Relationship:
Chest pain while exercising	<input type="radio"/>	<input type="radio"/>	_____	Asthma	<input type="radio"/>	<input type="radio"/>	_____
Heart attack	<input type="radio"/>	<input type="radio"/>	_____	Bursitis	<input type="radio"/>	<input type="radio"/>	_____
Heart disease	<input type="radio"/>	<input type="radio"/>	_____	Arthritis	<input type="radio"/>	<input type="radio"/>	_____
Pacemaker	<input type="radio"/>	<input type="radio"/>	_____	Tendonitis	<input type="radio"/>	<input type="radio"/>	_____
High blood pressure (>140/190)	<input type="radio"/>	<input type="radio"/>	_____	Muscle Injury	<input type="radio"/>	<input type="radio"/>	_____
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	_____	Joint Injury	<input type="radio"/>	<input type="radio"/>	_____
Dizziness/Loss of Consciousness	<input type="radio"/>	<input type="radio"/>	_____	Cancer	<input type="radio"/>	<input type="radio"/>	_____
Currently pregnant/postpartum	<input type="radio"/>	<input type="radio"/>	_____	Osteoporosis	<input type="radio"/>	<input type="radio"/>	_____
High Cholesterol (total > 200)	<input type="radio"/>	<input type="radio"/>	_____	Depression	<input type="radio"/>	<input type="radio"/>	_____
Low back pain	<input type="radio"/>	<input type="radio"/>	_____	Smoking	<input type="radio"/>	<input type="radio"/>	_____
Nutrition related disorder	<input type="radio"/>	<input type="radio"/>	_____				Cigarettes per Day if You: _____

List any medications you are currently taking: _____

Please list any medications or allergies we should know about: _____

If you have checked any boxes above, please explain: _____

Past operation(s), please describe and list date of operation(s): _____

Hospitalization(s), please describe and list date of occurrence(s): _____

Disabilities/Physical Limitations: _____

Known Diseases: _____

Estimated date of last physical/check-up: _____

Currently under a physician's care?^{**} (check one) Yes No

Cleared by physician to begin exercise routine: (check one) Yes No

Are you currently exercising regularly? (check one) Yes No

If yes, please describe: _____

Please rank your goals in undertaking exercise from 1 to 10, with 1 being the most important to you:

_____ Improve cardiovascular fitness

_____ Enjoyment

_____ Reduce body fat level

_____ Increase Strength

_____ Reshape or tone my body

_____ Increase energy level

_____ Improve Flexibility

_____ Other (please explain below)

_____ Lose Weight

_____ Gain Weight

*** Medical clearance may be required for individuals who meet or exceed certain risk factors prior to the first training session. In the event, medical clearance is necessary for participation, you will be required to present the Department of Campus Recreation with the provided form, signed and completed by your physician.*

I acknowledge I have read and answered all the above questions honestly and to the best of my knowledge. I also acknowledge I will let my Personal Trainer know if my medical status changes before our first assessment or at any time during the duration of the time my sessions start until the end of my sessions.

Package Completion: Participants have 150 days from the date of the first fitness assessment to complete all sessions purchased. Failure to do so will result in forfeiture of the remaining sessions.

Individual Session Cancellation Policy: Sessions must be cancelled at least 24 hours before your scheduled training time. Failure to cancel or show up for a scheduled session will result in loss of your training session. Please contact your trainer directly to cancel sessions.

Package Cancellation/Refund Policy: To cancel the remaining sessions of a purchased package and receive a refund in the amount of the unused sessions, the participant **MUST** produce the original receipt given when payment was accepted. No exceptions.

Signature _____ Type Name _____ Date: _____

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