

Personal Training New Client Packet

Welcome to the RecSports Personal Training program! It is our goal to provide the highest quality program that helps you attain your health and fitness goals.

CHECKLIST

- Read and complete the following forms:
 - **Participant Information**
 - **PAR-Q and YOU**
 - *The Physical Activity Readiness Questionnaire helps determine your current health status and the need for a health care provider's approval before beginning a physical activity program.*
 - **Health Care Provider's Consent**
 - *To be completed **ONLY** if you answered **YES** to any of the PAR-Q & YOU questions. Otherwise disregard.*
- Submit the completed forms to the front desk at Rolfs Sports Recreation Center (RSRC)
- Purchase sessions online at recregister.nd.edu or in person at the RSRC front desk.
- A RecSports Personal Trainer will contact you to schedule your initial consultation. Future training sessions may also be scheduled during this appointment.

If you have any questions, concerns and/or suggestions, please contact Tabbitha Ashford, Fitness Coordinator, at (574) 631-3432 or tashford@nd.edu.

Thank you for your interest and participation in the RecSports Personal Training program!

In Good Health,

Tabbitha Ashford
Fitness Coordinator
Office of Recreational Sports
100 Rolfs Sports Recreation Center
University of Notre Dame



Personal Training Participant Information

Today's Date ___/___/___

Name _____

Phone (____) _____ Email Address _____

Date of Birth ___/___/___ Age ___ Gender _____

Availability

Please indicate a time frame that you are available in the appropriate box. (ex. Afternoon: M, W 12-2PM)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
Afternoon							
PM							

Preference

Please indicate if you prefer a specific trainer.

Name of preferred trainer: _____

Preferred location of training (check one): ___Rockne PT Studio ___RSRC ___Either

If interested in group training, please indicate the name of the individual(s) who will be purchasing group sessions with you: _____

Did someone refer you? Please list their name here to receive 1 additional session with your package:

Training Goals

Please detail your fitness and training goals.

Please briefly describe your current exercise routine.

Please list any previous or current injuries/conditions.

PAR-Q & YOU

Before increasing your level of physical activity and/or exercise, answer the questions below. If you are 15-69 years of age, 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.

If you answer Yes to one or more questions, the Health Care Provider’s Consent form must be completed before you can participate in a personal training program.

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

If you answered YES to one or more questions:

- Talk with your physician by phone or in person BEFORE you start becoming much more physically active or BEFORE your initial consultation. 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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

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, build up gradually. This is the safest and easiest way to go.

***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. NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness assessment, this section must be used for legal or administrative purposes.

Name _____

Signature _____

Date _____

University of Notre Dame Office of Recreational Sports Health Care Provider's Consent

Dear Dr. _____

Your patient, _____, has expressed interest in beginning a supervised exercise program in the University of Notre Dame's RecSports Personal Training program. This program may include a series of fitness assessments including any or all of the following procedures: submaximal aerobic capacity test, body composition estimate, flexibility test(s) and a battery of muscle strength and endurance measures. The nature of both the exercise testing and programming will depend on your patient's 1) stated health history as indicated from a completed health risk appraisal form, 2) stated fitness goals and 3) feedback from his/her health care provider. All programming is done in accordance with the guidelines of the American College of Sports Medicine and all personal trainers are First Aid/CPR/AED certified.

By completing the Consent Form, you are not assuming any responsibility for our administration of the fitness tests and/or exercise programs. If, however, you are aware of any reason, medical or otherwise, which might impact or be impacted by participation in an exercise program or from exercise testing, or are aware of any specific precautions and/or contraindications and/or guidelines which should be considered by a personal trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call _____. Any other questions or concerns should be directed to your patient.

(Please place your initials beside the appropriate statement(s) and complete those that apply.)

_____ I know of no reason(s) why my patient, _____ should not participate in any of the fitness tests or exercise programming.

_____ To the best of my current knowledge, I believe my patient is able to participate in the exercise testing and programming with the following restrictions and/or recommendations:

_____ I recommend that my patient does NOT participate in any exercise testing or programming until such time as I have consulted with him/her again.

Health Care Provider's Signature

Printed Name

Date

Phone Number
