



Personal Training New Client Registration

Congratulations on taking the first step to a healthier and better you! The certified trainers are screened by the Vanderbilt Recreation & Wellness Center (the Rec) staff to ensure a high quality of service and a commitment to the wellness philosophy. By registering for our services, you agree to the policies and procedures set forth by the Rec.

How to Register:

- 1) **Complete and return** the New Client Registration Packet to the Recreation & Wellness Center Business/Administrative Office (2nd Floor).
- 2) **Pay for your sessions** online or in person at the Rec (Monday-Thursday, 8am-6pm and 8am-4:30pm Friday).
 - Payment is due before your first appointment with the trainer. Cash, check, major credit cards, and Commodore card accepted.
 - All sessions must be paid for in advance of training.
- 3) **A Personal Trainer will contact you** to set up your appointment.
 - You may either request a trainer or you will be matched with one that will best suit your needs. If you request a trainer, we will make every effort to match you with that trainer if at all possible, if not, you will be matched with the trainer that best fits your needs.

Forms

- **PAR – Q & YOU:** Assessment of health concerns that may limit your exercise capabilities.
- **Health Care Provider’s Medical Clearance Form:** Use **only** if you answered YES to any of the PAR-Q questions or have previous injuries or medical conditions that may warrant medical clearance.
- **Consent and Assumption of Risk**
- **Health History Questionnaire**

Policies

- **Registration:** All personal training clients must be at least 18 years of age. The Personal Training Registration Forms can be obtained online from the personal training web site page, or in person. Complete and return forms to the Recreation & Wellness Center business office on the second floor of the Rec.
- **Appointments:** You may either request a specific personal trainer or you will be matched with one that will best suit your needs. If you request a trainer, we will make every effort to match you with that trainer. A Personal Trainer will contact you to

schedule your appointment. For questions, please contact:

repersonaltraining@vanderbilt.edu

- **Cancellations:** A client wishing to cancel or reschedule a session should contact the trainer immediately. Failure to do so 24 hours prior to the scheduled appointment time is subject to forfeiture of the training session. No refunds will be issued for cancellations or rescheduled appointments that occur less than 24-hours in advance of your appointment.
- **No shows:** A client that does not show up or call to cancel a scheduled appointment will forfeit that training session.
- **Training Time:** Training time depends on the type of session purchased, 30 min or 60 min.
- **Late arrival:** Clients that show up late for an appointment will not be given additional time.
- **Etiquette:** Clients and trainers do not have priority over equipment in the Fitness Center. All members should demonstrate the usual courtesy when waiting for equipment by allowing people to “work in” and so on.
- **Expiration:** Any training sessions purchased will expire one year from date of purchase and cannot be transferred to another person.
- **Refunds:** There are no refunds for unused personal training sessions. Exception would be a medical illness or injury that prevents one from continuing to participate in physical exercise. A doctor’s letter is required for such refund.

Thank you for your interest in our program and we look forward to assisting you with your fitness goals.

**Please return all completed forms to the Rec 2nd floor
Business/Administrative Office or mail to the address
listed below.**

Mary L. Wolk – Assistant Director, Fitness
Vanderbilt Recreation and Wellness Center
PMB 406033
2301 Vanderbilt Place
Nashville, TN 37240-6033

Phone: 615-343-2115
E-mail: mary.l.wolk@vanderbilt.edu

PAR – Q & YOU

Regular activity is fun and healthy as well as very safe for most people. However, **some people should check with their doctor before they start becoming much more physically active.**

Start by answering the 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 regularly 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** for each.

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 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 any reason you should <u>not</u> do physical activity?

If you answered:

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 assessment or a personalized exercise regimen.

YES to one or more questions:
Talk to your doctor **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness assessment/personal training. 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.

*If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or if you are or may be pregnant – talk to your doctor before you start becoming more active.
* 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.

PLEASE NOTE: If you answered **YES** to any of the PAR-Q questions, a **HEALTH CARE PROVIDER'S CONSENT FORM** must be submitted prior to receiving a fitness assessment or any prescriptive fitness program.

Informed Use of the PAR – Q: The Rec, Vanderbilt University and their agents assume no liability for persons who undertake physical activity under the direction of professional staff or within the Vanderbilt Recreation and Wellness Center. 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 appraisal, this section must 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.

Client Name (print) _____ Signature _____ Date _____



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Personal Training Program Consent and Assumption of Risk

I, _____, desire to use the services of a Personal Fitness Trainer at the Vanderbilt Recreation and Wellness Center. I understand that working with a Personal Trainer will involve a physical fitness program which may include aerobic activities (such as treadmill, walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other related activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain and injury.

I also understand that a program of a regular exercise for the heart, lungs, muscles and joints has many associated benefits. These may include a decrease in body fat and risk of heart disease as well as improvement in blood fats, blood pressure, and psychological function. The amount and degree of benefits experienced will be relative to personal adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a Personal Trainer and I voluntarily agree to assume such risks. Further, in consideration of the Vanderbilt Recreation and Wellness Center providing me with a Personal Trainer, I hereby release and hold harmless the Vanderbilt Recreation & Wellness Center, Vanderbilt University, and all professional staff from any claims or causes of action of any kind.

Client Name (print) _____

Client Signature _____ **Date** _____



VANDERBILT
RECREATION & WELLNESS
FITNESS

HEALTH HISTORY QUESTIONNAIRE

Name (Client) _____ Birth Date _____

Primary Address _____ City _____ State _____ Zip code _____

Phone Number _____ Email address _____

In Case of Emergency Contact: _____ Phone: _____

Please list any Medications you are currently taking (Include vitamin and any over the counter medications)

NAME	DOSAGE	PURPOSE	FOR HOW LONG?

Please list any current problems/chronic conditions or past orthopedic surgeries:

___NECK	___SHOULDER/ CLAVICLE	___ARM/ELBOW	___WRIST/HAND	___RIBS/CHEST	___SPINE
___PELVIS	___THIGH/HIPS	___KNEE/PATELLA	___LOWER LEG	___ANKLE	___FOOT/TOES

If you have checked any of the above, please explain:

1. Are there any sports/activities in which you would like to be able to participate in or to improve?

2. Are there any sports/activities that you do not like to participate in? _____

3. Are you currently involved in a regular exercise program? Yes No

If yes, specify the type of exercise you do. _____

_____minutes/day _____days/week

4. What are the top 3 fitness goals you want to focus on for this training program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Increase strength | <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Improve cardiovascular fitness |
| <input type="checkbox"/> Improve muscle tone | <input type="checkbox"/> Prevent Injury | <input type="checkbox"/> Gain weight/inches |
| <input type="checkbox"/> Increase energy level | <input type="checkbox"/> Rehab an Injury | <input type="checkbox"/> Lose weight/body fat |
| <input type="checkbox"/> Relieve stress | <input type="checkbox"/> Improve exercise/health habits "feel better" | |
| <input type="checkbox"/> Sports performance | <input type="checkbox"/> Other (please comment) | |

Comments: _____

5. How much time are you willing to devote to your training program?

_____minutes/day _____days/week

HOURS OF AVAILABILITY/PREFERENCE

	6am	7am	8am	9am	10am	11pm	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm or later
MON														
TUES														
WED														
THURS														
FRI														
SAT														
SUN														

Shaded areas not available



Health Care Providers Medical Clearance Form

Client's request for clearance to participate in a Fitness Assessment and Personal Trainer Exercise Program. **REQUIRED when you answer YES to ONE or more of the PAR-Q QUESTIONS, or if you have a health history of prior injuries and/or certain medical conditions.**

Dear Dr. _____:

Your patient, _____, has expressed interest in beginning a supervised exercise program at the Rec, with a Personal Trainer. This program may include a series of fitness assessments including any or all of the following procedures: a submaximal aerobic capacity test, a body fat 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 providers. All programming is done in accordance with the guidelines of the American College of Sports Medicine, and all trainers are CPR/AED and First Aid certified.

By completing this 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 reasons, 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 contradictions and/or guidelines which should be considered by the Personal Trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call Mary Wolk, at (615) 343-2115. Any other questions or concerns should be directed to your patient.

(Place your initials beside the appropriate statement(s) and complete those which apply.)

_____ I know of **no reason(s)** why the above named 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 a time as I have consulted with him/her again.

Health Care Provider's Signature _____

Please Print Name Here _____

Phone Number _____ Date _____

Please return form to patient or mail to:
Mary L. Wolk – Assistant Director, Fitness
Vanderbilt Recreation and Wellness Center
PMB 406033
2301 Vanderbilt Place
Nashville, TN 37240-6033