



Personal Training Client Registration

Welcome to UNT Rec Sports Personal Training!

Congratulations on your decision to invest in yourself! Our nationally certified personal trainers are excited to help provide you with individualized information and training to help you achieve your fitness goals.

To begin your training, please complete and turn this packet in to the Member Services Desk at the UNT Recreation Center. A member of our fitness team will contact you within two business days after registration via phone call to schedule your initial fitness assessment.

Please contact us with any questions or concerns:

MacKenzie Keidel, Fitness Coordinator: 940-565-2512 or MacKenzie.Keidel@unt.edu

Wendy Comfort, Assistant Director-Fitness: 940-565-2275 or Wendy.Comfort@unt.edu

Personal Training Policies & Reminders:

- A valid UNT Student ID or current Recreational Sports membership is required to participate. You must bring your ID with you to get into the facility.
- Sessions must be purchased in advance. Sessions are valid for one year from date of purchase.
- All new clients will receive a complimentary Fitness Assessment with the purchase of 1 or more sessions.
- All personal training sessions are 60 minutes in length.
- Be sure to wear athletic attire and closed toed shoes to all of your training sessions. We recommend that you also bring a towel and water.
- Please arrive on time for your sessions. Trainers are obligated to wait only 15 minutes past your scheduled session. After 15 minutes, the trainer is not required to lead the remaining time of the session and the session will be redeemed.
- In order to reschedule or cancel a session, please notify your trainer at least 24 hours in advance. Failure to do so will result in loss of the session. If you are unable to contact your trainer directly, please contact the Rec Sports Main Office at 940-565-2275.
- Unused sessions cannot be refunded or transferred to another person.
- If your PAR-Q form shows the presence of risk factors for various cardiovascular, pulmonary, or metabolic diseases that require special attention, you will be required to provide a physician's release form prior to participation in purchased sessions.

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RECREATIONAL SPORTS

www.recsports.unt.edu

940-565-2275 | 940-369-8347

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Please sign acknowledging these policies and procedures.

Printed Name: _____

Signature: _____ Date: _____



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Personal Training Client Registration

Client Information:

First Name: _____

Last Name: _____

Please Select: Male Female

Age: _____

Cell Phone: _____

Email: _____

Preferred Method of Contact: Phone Call Text Message Email

Emergency Contact:

Name/Relation: _____

Phone: _____

Membership Type: Faculty/Staff

Student--Year: _____

Plus one/Dependent

Alumni

Retiree/Retiree Spouse

Continuing Student

How did you hear about/become interested in personal training at the UNT Rec Sports?

Please list all prescription and non-prescription medications and supplements you are currently taking:

Please list all past and/or current injuries:

Please explain any special accommodations that you may need while personal training:

Please indicate your personal health and fitness goals: (check all that apply)

Reduce Body Fat

Gain Weight

Lose Weight

Improve Energy & Stamina

Build Lean Muscle Mass

Improve Muscular Strength

General Health & Fitness

Reduce Blood Pressure/Cholesterol

Improve Balance & Mobility

Improve Nutrition Habits

Improve Cardiovascular Fitness

Boost confidence

Other:



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Personal Training Client Registration

Please tell us more about your specific short and long term fitness goals:

What would you like to get out of your session(s)?

Please circle the activities you would consider “fun”:

Walking Hiking Jogging Cycling Rowing Cardio Machines

Strength Training Swimming Athletic Drills Group Exercise Classes

Other activities: _____

Please share any additional information that might be helpful in selecting a personal trainer to meet your needs. You may request a specific trainer here.

Please indicate days & times that you could be available to schedule with a personal trainer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many days per week would you generally like to work with your personal trainer? _____

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.