

# Warrior Personal Training Registration Packet

## Information and Policies

This is personal training tailored to help you reach your desired fitness level. Your exercise program will be personalized to help you excel in your fitness goals. The SRC's personal trainers will discuss your exercise and health history, as well as your personal goals then prescribe an exercise regimen to fit your needs.

### Let a trainer help you...

increase energy and flexibility  
decrease body fat  
tone and strengthen muscle  
optimize time during workouts

achieve personal fitness goals  
stay motivated and consistent  
decrease risk of injury  
improve cardio health & quality of life

lower blood pressure and cholesterol  
begin exercising for the first time  
train like a competitive athlete  
learn proper biomechanics and methodology

### Fitness Assessment

Includes body composition, cardiovascular endurance, flexibility assessment, muscular strength and endurance. The assessment is required for all first time participants.

### Personal Training

#### **One-on-One Personal Training**

An efficient workout program designed just for you to improve your health and fitness level! *Must complete a Fitness Assessment Session with your chosen trainer.*

#### **Two-on-One Personal Training (2 Individuals to 1 Trainer)**

Do you have similar training goals as a friend or maybe you want a partner to attack your fitness pursuits with the additional support and encouragement? Then hit the training floor and experience the challenge together. It is recommended that your training partner be of a similar fitness level. Requires both clients at each session. *Must complete a Fitness Assessment with your chosen trainer.*

#### **Large Group Fitness Training (4+ Individuals to 1 Trainer)**

This is an alternative to one-on-one training and can be programmed for any style. Invite friends and clubs to join for a friendly competition. All participants required at each session. *Registration and payment will need to be made as a group. Fitness Assessment recommended but not required for large group sessions.*

***All sessions (assessments and personal training) are 60 minutes and must be purchased in advance. Only SRC Personal Trainers are allowed to conduct personal training in the Fitness Center.***

### Cancellations & Tardiness

Sessions must be cancelled 24 hours in advance to avoid being charged for a no-show. Participants will be charged for all no-show sessions. All clients and trainers are required to arrive at the scheduled time. If you are more than 15 minutes late to your session, you will be charged for the full session.

### Refunds & Expirations

There are no refunds for sessions purchased. Refunds or credits will not be issued for unused sessions. All sessions expire by the end of the current semester/term. See the WPT website for session expiration dates.

### How to Sign Up

Open to students who paid the SRC fee with tuition, as well as faculty, staff and alumni with an SRC membership. Complete the attached registration forms and take to the SRC to pay your fees (cash, check or Warrior Cash only). Once fees are paid you will be contacted by a trainer in 2 – 3 business days.

### Returning Clients

Clients who have completed the number of sessions purchased must re-submit their registration packet. The fitness assessment does not need to be redone.

*I have read and understand the above Warrior Personal Training information and policies. Initials \_\_\_\_\_*

## Student Recreation Complex

(209) 667-3705

[www.csustan.edu/src/WPT.html](http://www.csustan.edu/src/WPT.html)



StanSRC



# Warrior Personal Training Medical Questionnaire

## Personal Information

Check only one:  Student  Faculty  Staff  Alumni

Warrior ID: \_\_\_\_\_

Check only one:  New Client  Returning Client

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
E-mail Address Home Phone Cell Phone

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Emergency Contact Emergency Contact Phone Relationship to Member

\_\_\_\_\_  
Gender Age Date of Birth (MM/DD/YYYY) Height Weight

## Cardiovascular Risk

Please check any that apply to you:

High Blood Pressure  High Cholesterol  Diabetes  Heart Disease  Bypass Surgery  Stroke

Do you presently smoke cigarettes?  Yes  No If yes, how many per day? \_\_\_\_\_

Do you ever experience chest pains or tightness?  Yes  No

Do you ever experience unusual shortness of breath during mild physical activity?  Yes  No

Do you have asthma?  Yes  No

Are you currently under doctor's care for a heart condition and need medically supervised activity?  Yes  No

If yes, please explain: \_\_\_\_\_

## Personal History

Date of last: \_\_\_\_\_ Physical Exam \_\_\_\_\_ Blood Cholesterol test \_\_\_\_\_ Blood Pressure test

Do you have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

Are you presently taking any medication?  Yes  No If so, list name and purpose: \_\_\_\_\_

Do you ever experience dizziness during vigorous physical activity?  Yes  No

Have you ever passed out during vigorous physical activity?  Yes  No

If you are female, are you currently pregnant?  Yes  No

Do you have or have had an eating disorder?  Yes  No

Have you had any recent surgeries?  Yes  No If yes, describe: \_\_\_\_\_

Do you have any other medical conditions why you should not do physical activity?  Yes  No

If yes, please explain: \_\_\_\_\_

## Injuries

Please check any of the below injuries you have had. Specify which bone, muscle, joint, etc., and year of the injury:

broken bones \_\_\_\_\_  Joint injury or chronic pain \_\_\_\_\_

Muscle strain/sprain \_\_\_\_\_  Back injury or chronic pain \_\_\_\_\_

Ligament, tendon, or cartilage \_\_\_\_\_  Other \_\_\_\_\_

Are you being treated for any of the above injuries?  Yes  No

If yes, please specify the type of treatment: \_\_\_\_\_

**Lifestyle**

What is your activity level?  Sedentary  Moderate  High

Do you have a regular exercise program?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you take any nutritional supplements or follow a special diet (vegetarian, low-calorie, gluten free, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

Which meals do you consume in an average day (including snacks):

Breakfast  Snack  Lunch  Snack  Dinner  Snack

What is your average energy level?

Low  1  2  3  4  5  6  7  8  9  10 High

How many hours of sleep to you get on average? \_\_\_\_\_

**Goals**

Please check all activities you are interested in participating:

Weight training  Stationary bike  Group Ex class  Walking  Running  Other \_\_\_\_\_

How much time do you want to spend working out? \_\_\_\_\_

List any specific exercises that do not interest you or might cause you pain or discomfort: \_\_\_\_\_

What goals do you have concerning your training and health? (i.e. weight loss, rehabilitation, etc.) \_\_\_\_\_

How ready are you to make changes to your current lifestyle? (circle one)

Not Ready  1  2  3  4  5 Extremely Ready

**Other**

How did you hear about the Personal Training program? \_\_\_\_\_

Trainer Preference:  Male  Female  No Preference Requested Trainer: \_\_\_\_\_

Preferred Method of Communication (check one)  Phone  Email  Either

Please indicate your time preference below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Two-on-One and Large Group Sessions**

If you are purchasing the two-on-one or large group package you must designate one person as the primary person for contact purposes.

Primary Contact: \_\_\_\_\_

Other Participants in Group - Last Name, First Name (attach additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have read, understood and completed this questionnaire. I have read and will comply with program information and policies. Any questions I had were answered to my full satisfaction.*

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature if under 18 years of age. \_\_\_\_\_

Date \_\_\_\_\_

## Warrior Personal Training Informed Consent Waiver

I, \_\_\_\_\_, do hereby consent to participate in a personal training program that will include weight training and/or cardiovascular exercise. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks. Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician or the program's supervisor (for record keeping purposes) without my expressed written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies or procedures regarding the personal training program, I will discuss these questions with my trainer or the program supervisor immediately.

---

Participant Signature

---

Date

---

Parent/Guardian Signature (if under 18 years of age)

---

Date

---

Witness

---

Date

## Warrior Personal Training Readiness Questionnaire

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 questions in the box below. If you are above the age of 15, the questionnaire will tell you if you should check with your doctor before you start.

**The American College of Sports Medicine (ACSM) guidelines required that men over the age of 45 and women over the age of 55 complete a “Medical Authorization Form” BEFORE training.**

Readiness Questionnaire	YES	NO
Are you a man over the age of 45 or a woman over the age of 55 with a family history of heart disease?		
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 (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

### Questionnaire Results

If you answered **YES** to one or more questions you will need to complete the Medical Authorization Form **BEFORE** you start your sessions with your personal trainer or become more physically active. Tell your doctor about the Readiness Questionnaire and to which questions you answered YES.

**NOTE:** 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 answered **NO** (honestly) to all Readiness Questionnaire questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal/training.

### Other Considerations:

- If you are or may be pregnant – talk with 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 and discuss whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**Parent/Guardian Signature if under 18  
years of age.**

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

## Warrior Personal Training Readiness Questionnaire Clarifications

For most people, physical activity should not pose any problem or hazard. The questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate and those who should have medical advice concerning the type of activity most suitable.

**1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

Significance/clarification:

Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.

**2. Do you feel pain in your chest when you do physical activity?**

Significance/clarification:

See question 3.

**3. In the past month, have you had chest pain when you were not doing physical activity?**

Significance/clarification:

A physician should be consulted to identify the cause of chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.

**4. Do you lose your balance because of dizziness or do you ever lose consciousness?**

Significance/clarification:

A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.

**5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?**

Significance/clarification:

Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special procedures are required during exercise training.

**6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**

Significance/clarification:

See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.

**7. Do you know of any other reasons why you should not do physical activity?**

Significance/clarification:

The exercise prescription may have to be modified in accordance with the specific reason provided.



California State University, Stanislaus  
**Student Recreation Complex**  
 1 University Circle • Turlock, CA 95382  
 (209) 667-3705

## Warrior Personal Training Medical Release

Date \_\_\_\_\_

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized training program through the CSU Stanislaus, Student Recreation Complex Warrior Personal Training program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level.

If you know of any medical or other reasons why participation in the program by the client would be unwise please indicate so on this form.

### Physician Report

- I know of no reason why the applicant may not participate
- I believe the client can participate, but I urge caution for the following reasons:

---



---

My patient is taking medications that will affect heart rate response to exercise. The effects of which are indicated below:

Type of medication	_____
Effect	_____
Exercise Restrictions	_____

- The client should not engage in the following activities:

---



---

- I recommend that the client NOT participate.

\_\_\_\_\_  
 Physician's Name (please print)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date