

Personal Training Intake Form

Name: _____ Date: _____

Cell Phone: _____ Office Phone: _____ E-Mail: _____

USC Affiliation: STUDENT ALUMNI FACULTY/STAFF FACULTY/STAFF SPOUSE

Sex: Male Female Age: _____

Trainer preference (if any): _____

How many sessions are you interested in? __ 1 session __ 3 sessions __ 6 sessions __ 9 sessions

How many sessions per week? _____

Availability: Please list the times you are available on each day. Circle the top 2 times you would prefer if they are available.

Monday: _____

Strom Hours: 6am-12am

Blatt Hours 7am-8pm

Tuesday: _____

Strom Hours: 6am-12am

Blatt Hours 7am-8pm

Wednesday: _____

Strom Hours: 6am-12am

Blatt Hours 7am-8pm

Thursday: _____

Strom Hours: 6am-12am

Blatt Hours 7am-8pm

Friday: _____

Strom Hours: 6am-12am

Blatt Hours 7am-8pm

Saturday: _____

Strom Hours: 8am-11pm

Blatt Closed

Sunday: _____

Strom Hours: 8am-11pm

Blatt Closed

Alumni and faculty/staff that do not have a Strom membership must train at Blatt

Fitness Goals- (Be as specific as possible)

Participant Readiness Questionnaire (PAR-Q)

| Section 1 | Yes | No |
|---|-----|----|
| Have you been told by a physician you have a heart condition? | | |
| Are you taking any prescribed medication for a chronic condition? | | |
| Have you experienced a soft tissue/bone injury in the last 12 months that may still become irritated or worsen? | | |
| Do you have chest pain while exercising or at rest? | | |
| Have you lost balance, experienced dizziness, or lost consciousness in the last year? | | |
| Has your doctor ever recommended guided physical activity with a medical professional? | | |
| Have you ever been diagnosed with a chronic medical condition besides heart disease or high blood pressure? | | |

If you answered YES to any of the above questions, continue to *Section 2* and *Section 3*.

If all above questions are answered NO, you may sign the below *participant declaration* begin training with a personal trainer.

| Section 2 | Yes | No |
|---|-----|----|
| Have you experienced Arthritis, Osteoporosis, or other back problems? This includes having difficulty with maintaining a condition while on medication, fractures, painful joints, or steroid treatment for more than three months. | | |
| Do you have cancer of any kind? This includes plasma cell, respiratory, head, and neck cancers as well as currently receiving cancer treatment such as chemotherapy. | | |
| Do you have any heart or cardiovascular issues? This includes having an irregular heartbeat, chronic heart failure, coronary artery disease, or having difficulty controlling your condition while on medication. | | |
| Do you have any spinal cord injuries? This includes tetraplegia paraplegia, sudden bouts of high blood pressure (Autonomic Dysreflexia), or very low resting blood pressure? This can also include having issues controlling any injury with medication. | | |
| Do you have any metabolic conditions? This includes type 1, 2, and pre diabetes as well as difficulty controlling blood sugar levels to the point of symptoms developing. Symptoms may include shakiness, unusual irritability, weakness, sleepiness, light-headedness. | | |
| Do you have other metabolic conditions relating to pregnancy-related diabetes, chronic kidney disease, or liver problems? | | |



| | | |
|---|--|--|
| Do you have any mental health conditions or learning difficulties? This includes eating disorders, anxiety disorders, intellectual disabilities, or other conditions not stated here. This may also include having trouble controlling any condition with medication. | | |
| Do you have any type of respiratory disease? This includes COPD, asthma, pulmonary high blood pressure, or low blood oxygen. This may also include issues with controlling your condition with medication. | | |
| Have you had a stroke? This includes having any impairment with walking or other areas of mobility, or nerve impairment in the last six months. Difficulty controlling your condition with medication will also constitute a YES. | | |
| Do you currently live with two or more conditions not listed above? | | |

| | | |
|--|--|--|
| Section 3 | | |
| Do you have other medical conditions not listed above such as epilepsy, neurological conditions, kidney problems, or others? List these below | | |
| Other Conditions: | | |
| Do you have high blood pressure? This includes having a blood pressure greater than 160/90 or having difficulty controlling a condition while on medication. | | |

Based on your PAR-Q responses you might be required to obtain clearance from your physician. You will be contacted by the personal training coordinator if you need further clearance.

List all medications you take on a regular basis:

Medication(s) _____

Reason _____

(If you refuse to list medications we require the medical waiver signed by a physician)

List all surgeries you've had in the past year. Also list any current joint or muscle issues.



Participant Declaration

I understand that I may be undergoing physical exertion while participating in services and activities at or associated with University of South Carolina Campus Recreation and I certify that my level of physical fitness is sufficient for the activities in which I choose to take part. In acknowledging that I am aware of and willing to assume the risks associated with these activities and services, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of University of South Carolina and its agents, volunteers and employees from any and all claims demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in services and activities at or associated with the University of South Carolina Campus Recreation. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

Name of Participant (Print): _____

Signature of Participant: _____ Date: _____

(If under 18 years of age) Signature of Parent or Guardian: _____

PERSONAL TRAINING Contract

PERSONAL TRAINING POLICIES

SCHEDULING:

To schedule your initial session:

1. Complete Intake Form, PAR-Q Form, and Policies forms and either return or email them.
2. Register and pay for package online at <https://campusrec.sc.edu/personal-training/> or in person within the Business Office at Strom Thurmond Wellness and Fitness Center Monday through Friday 8:30am - 5:00pm.
3. Schedule your initial training session by e-mailing sacrfit1@mailbox.sc.edu.

All future sessions; rescheduling or cancellation of personal training services should be done through your trainer. Contact the Personal Training coordinator at sacrfit1@mailbox.sc.edu if you have concerns or questions. All training session dates and times will be scheduled before the first session of the package commences.

CANCELLATION/RESCHEDULING POLICY

If you need to cancel or reschedule a session, please contact your trainer. **24 hours-notice** is required for a cancellation or rescheduling. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note. There is a no-refund policy on all packages purchased - a client may only receive a refund if accompanied by a doctor's note.

TARDINESS POLICY:

Clients are expected to begin working out at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment.

PERSONAL TRAINING PACKAGES DO NOT EXPIRE

I verify that I understand and will abide by these policies

Client Signature _____ Date _____