

REC FIT PERSONAL TRAINING ENROLLMENT PACKET

PERSONAL INFORMATION



Name _____ Date _____

Date of Birth _____ Age _____ Sex _____

Street Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____
Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

Preferred method of Communication (Please circle one): _____ Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

Wright State University Affiliation (Please Select One)

- _____ Student
- _____ Faculty/Staff
- _____ Alumni
- _____ Retiree
- _____ Partner/Family member

<p>Personal Training Package Desired (Please select/circle one).</p> <p>Fitness Assessment Only</p> <p>Individual training: 1 session 4 sessions 8 sessions 12 sessions</p> <p>Small group training: 1 session 4 sessions 8 sessions 12 sessions</p> <p>(Please list names of group members below.)</p> <p>_____</p> <p>_____</p>	<p>I would like to request a specific trainer by name: (Leave blank if non-applicable)</p> <p>_____</p> <p>What is your primary health/fitness goal for the next: month? _____</p> <p>year? _____</p>
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How did you hear about our personal training program? _____

Please select the days and times that are best for you to train (Select all that apply).

Day	Time(s)
____ Monday	_____
____ Tuesday	_____
____ Wednesday	_____
____ Thursday	_____
____ Friday	_____
____ Saturday	_____
____ Sunday	_____

Please return completed packet to 092 Student Union or scan and e-mail to jennifer.turpin@wright.edu

Office use only		
Date received _____	RFT _____	PC _____

EXERCISE HISTORY

Aerobic Exercise

1. On average, how many days per week do you participate in planned and structured aerobic exercise such as fitness walking, jogging, aerobic fitness classes, elliptical training, swimming or biking? Please circle an option.

None **1-2 days per week** **3-5 days per week** **6-7 days per week**

For how long? (Minutes per day) _____

In the past month, how many weeks have you exercised consistently? _____

In the last year, how many months have you exercised consistently? _____

2. If applicable, please give a brief description of your exercise activities over the last year. _____

4. How would you describe your level of **aerobic** fitness? **Fit** **Average** **Below Average**

Resistance Exercise/Weight Training

5. Do you currently perform any resistance training exercise such as weight lifting? **Yes** **No**

If yes, please describe your current program (Please include days per week and types of exercises performed.)

6. How would you describe your level of musculoskeletal fitness (e.g. ability to lift/move objects, perform activities of daily living and move with ease)? **Fit** **Average** **Below Average**

Other forms of Exercise and Physical Activity

7. Do you participate in any other forms of Physical Activity on a regular basis such as walking kids to school, walking the dog every evening, commuting to work by bike or foot, sports leagues, etc.? If yes, please describe.

8. Have you experienced any events, life changes, or changes to your schedule that have impacted your exercise program? If yes, please explain.

Please rate your interest level in each of the following types of physical activity.

Use (1) for very interested, (2) for somewhat interested and (3) for not interested.

<input type="checkbox"/> Weight Machines	<input type="checkbox"/> Running	<input type="checkbox"/> Swimming	<input type="checkbox"/> Cycling
<input type="checkbox"/> Free weights/Dumbbells	<input type="checkbox"/> Fitness Walking	<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Cardio machines/equipment
<input type="checkbox"/> Dance	<input type="checkbox"/> Yoga	<input type="checkbox"/> Pilates	<input type="checkbox"/> Other (Please specify) _____

Please rate the importance of each of the following exercise benefits to you.

Use (1) for very important, (2) for somewhat important and (3) for not important.

<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Increase muscular fitness	<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Improve Balance
<input type="checkbox"/> Increase energy	<input type="checkbox"/> Body fat/weight loss	<input type="checkbox"/> Decrease Stress	<input type="checkbox"/> Improve mood
<input type="checkbox"/> Improve performance for a specific sport	<input type="checkbox"/> Other (Please specify) _____		

NUTRITION/ OTHER HEALTH BEHAVIORS

1. Do you currently or have you ever smoked? **Yes No** If yes, how many packs per day? _____
If quit, how long ago? _____
2. Do you consider yourself overweight? **Yes No** Underweight? **Yes No**
If yes to either, please explain. _____
3. Are you on a special diet? **Yes No** If yes, please explain. _____
Do you have any dietary restrictions or other nutritional concerns? **Yes No**
If yes, please explain. _____
4. Do you feel you make healthful food choices most of the time? **Yes No**

Please check all that apply.

- ___ I eat at least 5 servings of fruits/vegetables a day.
- ___ I almost always eat breakfast.
- ___ I typically choose water over sugary drinks, sodas and other drinks with added sugars.
- ___ I limit calories from solid (saturated) fats and added sugars.
- ___ I limit processed foods and foods with trans fats.

HEALTH HISTORY

1. When was your last visit to a physician and for what reason? _____
2. Please list any known allergies (environmental, medications, food, etc.) _____
3. Are you currently under the supervision of a physician for a health condition or medical treatment? If yes, please explain.

4. Have you taken any medications, vitamins or dietary supplements in the last year? If yes, please explain.

5. Are you currently pregnant or breastfeeding? **Yes No**
6. Please list any surgeries you have ever had and the date of the surgery.

7. Please list anything else you would like us to know. _____

I hereby certify that the above information is accurate. Based on the information provided, I understand that I may be required to obtain medical clearance before participating in the Rec Fit personal training program.

Print Name

Signature

Date

ASSUMPTION OF RISK AND RELEASE FORM

I, _____ do hereby state as follows:
(Name)

- I will be participating in a personalized exercise program of potentially strenuous physical activity including but not limited to conditioning on aerobic stationary machines and weight training equipment offered by the Wright State University Department of Campus Recreation.
- I hereby certify to Wright State University that I have no known medical problems or conditions, which would in any way prevent me from participating in the aforementioned activity.
- In case of a medical emergency, I authorize Wright State University, or its duly authorized agents to transport me to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.
- In consideration of my participation in the Wright State University Department of Campus Recreation Personal Training program, I _____, for myself, my heirs, and assigns, hereby release and forever discharge Wright State University, and its officers and agents in their individual and/or official capacities, from any claims, demands, and causes of action arising from my participation in the exercise program.
- I have read this entire agreement to release and indemnify the university. I fully understand it, and I agree to be legally bound by it.

Print Name

Signature

Date

Physical activity is fun and offers numerous health benefits. However, some people should check with their doctor before they start becoming much more physically active. Your personal trainer will guide you through a more detailed health questionnaire during your initial meeting. If you know of any reason why you should delay becoming more physically active, please consult your physician prior to submitting your Personal Training enrollment packet. If appropriate, your personal trainer may request that you obtain Physician's Clearance from your doctor. Once completed by your doctor, Physician's Clearance forms should be returned to the Office of Campus Recreation. Forms may be mailed, scanned to e-mail or faxed to:

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