



## Personal Training Program

**Participant Information Form:** First Form completed when student/member wants to inquire further about Personal Training.

**Personal Training Consultation Form:** Form to be completed partially by student/member when they complete the Participant Information Form. Personal Trainer (PT) then uses to set up consultation meeting and to record decision made at consultation meeting. Used to document meeting occurred and to get paid.

The following forms are completed by the student/member to help the trainer determine what exercise protocol is appropriate for the client.

### **Lifestyle Information Form**

**Exercise History and Attitude Questionnaire two pages**

**Goal Inventory**

**Physical Activity Readiness Questionnaire (PAR-Q)**

**Medical Consent Form** (only completed if client answered yes to any of the questions on the PAR-Q)

**Training Information Form:** Lists expectations of both the client and the trainer. Both sign.

**Q-Fit General Assessment Data Sheet:** Completed by Q-FIT worker when physical assessment is completed.

**Workout Session Card:** Completed by Trainer and initialed by client to document session occurred. Trainer turns in for payroll process.

**Trainer Transfer Form:** Completed if client requests to change trainers due to schedule or personal conflicts.

**Note: Modification of this Form requires approval of OGC**



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Participant Information Form

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_

Check One:

- Student  Alumni  Faculty  Staff

When are you available to meet with your trainer? Please list as many times as possible and be specific:

(Does not require commitment)

- Sunday \_\_\_\_\_
- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_

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## Personal Training Consultation Form

The personal training consultation is a free 30-minute consultation for you to meet the trainer, determine goals, answer questions, and decide if personal training is for you.

### Step 1 – to be completed by CLIENT

|                       |
|-----------------------|
| Name of Client: _____ |
| Date Submitted: _____ |
| Phone Number: _____   |
| E-mail: _____         |

### Step 2 – to be completed by CLIENT

|  |
|--|
| Personal Trainer Requested: _____<br>(Trainer will contact you within 48 hours of receipt) |
|--|

### Step 3 – to be completed by TRAINER

|  |       |       |        |
|--|-------|-------|--------|
| Personal Trainer will contact Client via phone or e-mail. Three attempts will be made to schedule the appointment. If no response is received, Client must submit new consultation form. |       |       |        |
|  | Date  | Phone | E-mail |
| First contact:   | _____ | _____ | _____  |
| Second contact:  | _____ | _____ | _____  |
| Third contact:   | _____ | _____ | _____  |

### Step 4 – to be completed by TRAINER

|  |
|--|
| Date consultation was completed: _____ |
|--|

### Step 5 – to be completed by TRAINER

|   |
|---|
| Status of Client:                             |
| <input type="checkbox"/> Personal Training    |
| <input type="checkbox"/> No Personal Training |
| <input type="checkbox"/> Undecided            |

### Step 6 – to be completed by TRAINER

|                             |
|-----------------------------|
| Signature of Client: _____  |
| Signature of Trainer: _____ |

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## Lifestyle Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physical Activity

- In the past year, how often have you been engaged in physical activity?
  - Regularly (3-4 times/week)
  - Semi-regularly (1-2 times/week)
  - Sporadic (1-2 times/month)
  - None
- What types of physical activity do you consider "fun"? \_\_\_\_\_
- What are your personal barriers to exercise (i.e. your reasons for not exercising)?  
\_\_\_\_\_
- What physical activity have you been successful with in the past (liked and participated regularly)?  
\_\_\_\_\_
- How do you think your body fat affects your daily activities?  
\_\_\_\_\_

### Dietary Patterns

- How many meals and/or snacks do you have per day? \_\_\_\_\_
- From what food groups do you generally eat? \_\_\_\_\_
- Do you eat health "most of the time"? \_\_\_\_\_
- When do you usually eat your last meal and/or snack of the day? \_\_\_\_\_

### Support

- Do you feel that any family, friends, or co-workers have negative feelings (i.e. disapproval, resentment) toward your efforts at physical activity?  Yes  No
- Is your significant other or a close friend involved in any regular physical activity?  Yes  No

### Occupation/Leisure

- What is your present occupation? \_\_\_\_\_
- Does your occupation require much activity? (i.e. walking, getting up/down, carrying)  Yes  No  
Explain: \_\_\_\_\_
- What are your usual leisure activities? \_\_\_\_\_

### Stressors

- What types of things make you feel stressed? \_\_\_\_\_
- How do you normally deal with your stress? \_\_\_\_\_

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Exercise History and Attitude Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Please rate your exercise level on a scale of 1 - 5 (1 = none, 5 = very strenuous) at each age range through your present age: 16-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50+ \_\_\_\_\_
2. Were you a high school and/or college athlete? [ ] Yes [ ] No
3. Do you have any negative feelings toward, or have you had any bad experiences in physical activity programs? [ ] Yes [ ] No
4. Do you have any negative feelings toward, or have you had any bad experiences with fitness testing and evaluation? [ ] Yes [ ] No
5. Rate yourself on a scale of 1 - 5 (1 = lowest and 5 = highest):
Characterize your present athletic ability: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
When you exercise, how important is competition? [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
Characterize your present muscular capacity: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
Characterize your present flexibility capacity: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
6. Do you start exercise programs but find yourself unable to stick with them? [ ] Yes [ ] No
7. How much time are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week
8. Are you currently involved in a regular endurance (cardiovascular) program? [ ] Yes, how often, and for how long? \_\_\_\_\_ [ ] No
9. Are you currently involved in a regular strength training program? [ ] Yes, how often and for how long? \_\_\_\_\_ [ ] No
10. How long have you or haven't you been exercising regularly? \_\_\_\_\_
11. In what other exercise, sport, or recreational activities have you participated? \_\_\_\_\_

- 12. Please rate your response to each of the following:
I know I can't Maybe I can I know I can
a. Get up early, even on weekends to exercise. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
b. Stick to my exercise program after a long and tiring day at work. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
c. Exercise even though I am feeling depressed. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
d. Stick to my exercise program when undergoing a stressful life change. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
e. Sick to my exercise program when I have household chores to complete. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
f. Stick to my exercise program when I have excessive demands at work. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
g. Stick to my exercise program when social obligations are very time consuming. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
h. Read or study less in order to exercise more. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

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Goal Inventory

1. What I want to accomplish

These are my outcome goals for the next \_\_\_\_ weeks:

Three horizontal lines for writing.

2. Why I want to accomplish these goals

These goals are very important to me because:

Three horizontal lines for writing.

3. I'll do almost anything except this

I am will to do anything within reason to reach these goals, other than: (please be specific)

Three horizontal lines for writing.

4. "I think that my exercising at least \_\_\_\_ days a week, every week, is highly likely."

With respect to yourself, do you: (please select the appropriate letter)

- a. [ ] strongly agree
b. [ ] agree
c. [ ] disagree
d. [ ] strongly disagree

If you selected c or d, why? (please be as specific as possible)

Three horizontal lines for writing.

5. When I reach this goal (refer to question 1), this is what I will get and how I will feel:

Three horizontal lines for writing.

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## Personal Activity Readiness Questionnaire (PAR-Q)

### To be completed by Participant

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

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 more physically active. If you are planning to become 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 accustomed 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.

- | <b>YES</b>               | <b>NO</b>                | <b>(check YES or NO)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and 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 change in your physical activity?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity?   |

**If you answered "YES" to one or more questions:**

Talk to your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

- You may be able to do any activity you wish as long as you start slowly and increase gradually; however, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities in which you wish to participate and follow his/her advice.

**If you answered "NO" to all questions:**

If you answered **NO** 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 begin a fitness program.
- Taking part in a fitness assessment is an excellent way to determine your basic fitness level so that you can determine your health and fitness level.

**Delay becoming 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 any physical activity.

Please note: If your health changes in a way that would cause you to answer **YES** to any of the above questions, inform your fitness or health professional. Ask whether you should change your physical activity plan.

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Medical Consent Form

Date: \_\_\_\_\_

Dear Doctor \_\_\_\_\_,

Your patient, \_\_\_\_\_, wishes to begin an exercise program in:

Cardiovascular Exercise     Resistance Training     Other: \_\_\_\_\_

We have identified your patient with risk factor(s) and need your consent before beginning a fitness assessment or exercise program.

Prior to giving an exercise program he/she may take a fitness assessment that involves the following:

- Sub maximal test (Cycle, Treadmill, or Step Test)
- Push-up test
- 1 minute sit-up test
- Low Back / Hamstring sit 'n reach flexibility test

Your consent is necessary in order to begin with the above exercises. Please identify any recommendations, contradictions, or restrictions that are appropriate for your patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

Type of Medication: \_\_\_\_\_  
Effect: \_\_\_\_\_

Thank you,

Fitness Zone at the Campus Recreation & Wellness Center (CRWC)  
University of Houston

**Patient's Name \_\_\_\_\_ has my approval to begin an exercise program and/or fitness assessment with the recommendations or restrictions sated above.**

\_\_\_\_\_  
**Doctor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

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## Training Information Form

Thank you for participating in the Campus Recreation and Wellness Center's Personal Training Program. In order to communicate all the necessary information related to your personal training session, we have listed the following policies and information that you should know. Please contact the Fitness Director, Coordinator of Personal Training, for any questions or concerns at: 713-743-0723 or [qfit@uh.edu](mailto:qfit@uh.edu).

### Trainer's Responsibilities to Client:

1. Provide the client with a PAR-Q Form and a Medical Consent Form if necessary.
2. Upon payment, the trainer will contact client within 48 hours to schedule the first appointment.
3. Assist in determining realistic goals and objectives.
4. Motivate, educate, and ensure proper exercise techniques according to national certification guidelines.
5. Record the progress of the client and provide necessary timely feedback.
6. Evaluate and modify program as necessary.
7. Inform the client in advance of any changes in training times and dates.
8. If trainer is >15 minutes late without client's prior approval, the trainer is considered a no-show and the remaining session or following session is free (as decided by client).
9. The trainer is responsible for notifying the client if he/she will no longer be training at the CRWC. Within 48-hours of notification, the trainer is responsible for either assigning a new trainer for the client or obtaining a refund for the client's unused sessions.

### Responsibilities of Client:

1. Timeliness:
  - a. Client must make payment prior to any personal training sessions; cash or check payable to the University of Houston is accepted; payment will be accepted at Welcome Desk.
  - b. Inform the trainer 24-hours in advance of a cancellation or any changes to the training session; otherwise, you will be charged for the training session (first, call trainer; second, call Welcome Desk).
  - c. The trainer is obligated to wait for the client up to 20 minutes. Thereafter, the client is considered a no-show and will be charged for the session.
  - d. If client is < 20 minutes late, session will proceed for the remaining time. No refunds will be given.
2. Abide by the rules and policies of the CRWC and the Fitness Zone Floor.
3. Read and sign the PAR-Q and liability waiver prior to first training session.
4. Adhere to the recommendations of the PAR-Q Form.
5. Make a commitment to the program.
6. Adhere to advice concerning health and fitness activities outside of the time spent with personal trainer. Reaching any health and fitness goal requires one to integrate his/her current lifestyle with such goals. This usually requires dietary modifications as well as following a strength training and cardiovascular regimen.
7. Communicate with the trainer. It is very important for the client to keep the trainer informed of any concerns or discomforts. Modifications to programs and schedules may be necessary and should not be looked upon as inconveniences to the trainer. The client's needs are the purpose of our services.
8. Personal training clients who are not actively training for 4 months may reactivate their session(s) by contacting the fitness director. After 4 months, sessions are no longer valid. No refunds given at this point.

Client printed name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Would you like to be on our e-mail list for personal training?  Yes  No

Email: \_\_\_\_\_

Trainer printed name: \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**U N I V E R S I T Y of H O U S T O N**



University of Houston

**Workout Session Card**

When you train your client, fill out the workout session card.

| Session Attended | Date | Time  |     | Trainer's Initials | Client's Initials |
|------------------|------|-------|-----|--------------------|-------------------|
|                  |      | Start | End |                    |                   |
|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |
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|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |
|                  |      |       |     |                    |                   |

- Session Attended              The Session Number/Total Sessions Purchased
- Date                              The date you trained the client
- Time                              The start and end time of the session
- Trainer's Initial              You will not be paid if you do not initial
- Client's Initial              You will not be paid if client does not initial

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## Trainer Transfer Form



Personal Trainer's Name: \_\_\_\_\_

Please list your current client and their status. Then explain whether or not the client will be continuing with another trainer or will be ceasing personal training.

**Client and both Trainers must sign this form.**

Client Name: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Starting Trainer: \_\_\_\_\_

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

Transferred to: \_\_\_\_\_

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

Status: \_\_\_\_\_ Date of Notification: \_\_\_\_\_

ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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Personal Training Program
Liability Release, Waiver, and Covenant Not to Sue

This is a legally-binding Release made by me, \_\_\_\_\_, to the University of Houston (the "University").

I fully recognize that there are dangers and risks to which I may be exposed by participating in a personal training program sponsored by the University's Department of Campus Recreation. The following is a description and examples of specific, significant, obvious and non-obvious dangers and risks associated with this program: chest pain, dizziness, bone and joint problems and other direct or indirect consequences of physical excursion. I understand that University does not require me to participate in this program, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this program. In consideration of and return for the services, facilities, and other assistance provided to me by University in this program, I release the University (and its Board of Regents, officers, representatives, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this program. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Board of Regents, officers, representatives, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by University.

I recognize that this Release means I am giving up, among other things, rights to sue the University, its Board of Regents, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Releaser's Signature \_\_\_\_\_

Date \_\_\_\_\_

Releaser's Typed Name: \_\_\_\_\_

Parent or Guardian Signature if Releaser is under 21 years old \_\_\_\_\_

Date \_\_\_\_\_

Typed Name: \_\_\_\_\_

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