Personal Training Interest Form

Name:  
Age:  
CLID #:  

Gender:  
Female / Male  

Status:  
Student / Faculty/Staff  

Phone:  
Email:  

Personal Training Packages and Rates per hour

<table>
<thead>
<tr>
<th>Number of Sessions in Package</th>
<th>2 session pkg</th>
<th>4 session pkg</th>
<th>8 session pkg</th>
<th>12 session pkg</th>
<th>24 session pkg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Rate</td>
<td>$50 ($25/session)</td>
<td>$90 ($22.5/session)</td>
<td>$160 ($20/session)</td>
<td>$222 ($18.5/session)</td>
<td>$408 ($17/session)</td>
</tr>
<tr>
<td>Faculty/Staff</td>
<td>$60 ($30/session)</td>
<td>$110 ($27.5/session)</td>
<td>$200 ($25/session)</td>
<td>$282 ($23.5/session)</td>
<td>$528 ($22/session)</td>
</tr>
</tbody>
</table>

*One session is one-hour. Sessions will expire 6 months after purchase date.

Personal Trainer Preference: ______________________________ Male/ Female

Availability: _____________________________________________
_________________________________________________________________
_________________________________________________________________

This form must be turned in upon full payment for sessions at the Rec Sports Main Office. This will ensure that you are contacted by your trainer to schedule your first session. Refunds are only granted when there is a documented medical condition that precludes completion of the personal training program. To receive optimum benefits from the personal training program, it is recommended that a minimum of one session be used per week.

*After the first missed session without at 24 hours notice, the personal trainer may charge one session at the clients expense.

To be complete by Rec Sports Staff

Date Purchased: ________________  
Sold By: ________________________

Amount Paid: ________________  
Method of Payment: ________________  
Check #: ________________
Fitness Assessment and Personal Training Agreement

I understand and desire to participate in the University of Louisiana at Lafayette Personal Training Program.

1. I am responsible for my own safety and well-being and I agree to follow safe procedure as they apply to me.
2. I should discuss any medical concerns with my own physician prior to participating.
3. I agree to allow Rec Sports Staff to assess my level of fitness and/or design an exercise program for me to enhance my health and fitness goals. I have discussed my health and fitness goals with them and have provided them all relevant and necessary information about myself, including my health and physical well-being, to allow them to accurately assess my level of fitness and develop a safe and effective program for me.
4. I understand that in developing an exercise program for me, Rec Sports Staff are not guaranteeing any specific results.
5. I understand that changes in my physical activity may affect my physical well-being. I accept all risk to my health that may result from my participation in this Fitness Assessment and/or the program designed.

My agreement below indicates that I have read this agreement and fully understand the risks, hazards, and physical conditioning necessary to participate in a program like the University of Louisiana at Lafayette Personal Training Program.

Participant Name: ___________________________ CLID: ___________________________

Signature: ___________________________ Date: _______________

Phone Number: ___________________________ E-mail: ___________________________

Contact with questions:

Coordinator of Fitness - Kristin Gundy

225 Cajundome Blvd

Lafayette, LA 70506

337-482-1882

kristin.gundy@louisiana.edu

RECSPORTS
### Physical Activity Readiness Questionnaire (PAR-Q)

<table>
<thead>
<tr>
<th>Please answer Yes or No</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?</td>
</tr>
<tr>
<td></td>
<td>Do you feel pain in your chest when you do physical activity?</td>
</tr>
<tr>
<td></td>
<td>In the past month, have you had chest pain when you were NOT doing physical activity?</td>
</tr>
<tr>
<td></td>
<td>Do you ever lose consciousness or do you lose your balance because of dizziness?</td>
</tr>
<tr>
<td></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?</td>
</tr>
<tr>
<td></td>
<td>Are you pregnant?</td>
</tr>
<tr>
<td></td>
<td>Do you know of any other reason you should not exercise or increase your physical activity? If yes, please list below.</td>
</tr>
</tbody>
</table>

If you answered YES to any of the above questions, you will need to complete the Physician’s Statement and Clearance Form prior to being scheduled for a fitness assessment or personal training. If you honestly answered NO to all questions, you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer YES to any of the above questions, seek guidance from a physician.

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

Participant Name: ___________________________ CLID: ___________________________

Signature: ___________________________ Date: __________________

**Confidentiality Notice**

This document contains confidential information intended only for the use of the University of Louisiana Rec Sports Center and the individual member.