



Personal or Small Group Training Interest Form

Name:	Age:	CLID #:
Gender: Female / Male	Status: Student / Faculty/Staff	
Phone:	Email:	

Please circle the package you are interested in below:

Personal Training Packages and Rates per Hour

Number of Sessions in Package:	2 sessions	4 sessions	8 sessions	12 sessions	24 sessions
Student	\$50 (\$25/session)	\$90 (\$22.5/session)	\$160 (\$20/session)	\$222 (\$18.5/session)	\$408 (\$17/session)
Faculty/Staff	\$60 (\$30/session)	\$110 (\$27.5/session)	\$200 (\$25/session)	\$282 (\$23.5/session)	\$528 (\$22/session)

*One session is one-hour in length. Sessions will expire 6 months after purchase date. One free fitness assessment is given with the first time of purchasing a personal training package.

Small Group Training Packages and Rates per Hour

Number of Sessions in Package:	4 Sessions	8 Sessions
Student	\$30	\$60
Faculty/Staff	\$40	\$80

*The price above indicates how much each group member will pay. One session is one-hour in length. Sessions will expire 6 months after purchase date. A minimum of 3 people and maximum of 5 people can make up a Small Group. Each member of the group must fill out this form and turn it in to the Rec Sports Main Office with payment.

Please write the names of the other 2-4 members of your small group below:

1. _____ 2. _____ 3. _____ 4. _____

Contact with questions:

Recsports Administrative Assitant – Kim Spears Phone: 337-482-2941 Email: kim.spears@louisiana.edu

To be complete by Rec Sports Staff		
Date Purchased:	Sold By:	
Amount Paid:	Method of Payment:	Check #:

Availability: Please fill out times and days that you are available to train.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How many times per week do you want to train? _____

Personal Trainer Preference: (Male / Female) or Name: _____

Goals: _____

Personal Training Agreement

I understand and desire to participate in the University of Louisiana at Lafayette Personal or Small Group 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 will discussed my health and fitness goals with them and have or will 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.
6. I understand that no refunds will be issued to me, unless a change in medical condition occurs that causes me to not be able to continue with an exercise program. Documentation of this condition from a Doctor is required.

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 and Small Group Training Program.

Participant Name: _____ CLID: _____

Signature: _____ Date: _____

Phone Number: _____ E-mail: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please answer Yes or No	
	Has your doctor ever said you have a heart condition and 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 ever lose consciousness or do you lose your balance because of dizziness?
	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?
	Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?
	Are you pregnant?
	Do you know of any other reason you should not exercise or increase your physical activity? If yes, please list below.

*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/SG 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 Staff and the individual member.

Final Instructions:

This form must be turned in with full payment for the selected session package 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 a 24 hours' notice, the personal trainer may charge one session at the client's expense.