

# Indian Hills Fitness Center

## PERSONAL TRAINING INTRODUCTION & POLICIES

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

### Rates for Indian Hills Members and Guest

#### By Session

One Full Session (50-55 Min.) \$49  
One 1/2 Session (30min) \$34

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#### Rate for 6 sessions (three week expiration)

Full Sessions \$44  
1/2 Sessions \$29

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#### Rate for 12 sessions (one month expiration)

Full Sessions \$44  
1/2 Sessions \$29

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#### For 36 Sessions (three month expiration)

Full Sessions \$39  
1/2 Sessions \$24

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#### For 72 Sessions (six month expiration)

Full Sessions \$34  
1/2 Sessions \$19

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#### For 144 Sessions (twelve month expiration)

Full Sessions \$29  
1/2 Sessions \$14

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**Rate for Group Class Sessions (3-5 participants)**      **FOUR WEEK SESSION is \$110**    or    **EIGHT WEEK SESSION is \$200**  
45-50 minutes (includes warm-up, light stretch, exercise, cool-down)

**Rate for Group Class Sessions (6-10 participants)**      **FOUR WEEK SESSION is \$75**    or    **EIGHT WEEK SESSION is \$135**  
45-50 minutes (includes warm-up, light stretch, exercise, cool-down)

**Orientation, Assessments, and General Fitness Advise are FREE!!! (Questions are encouraged)**

Your Fitness Goals: (Please circle all that apply)

Improve cardiovascular fitness / Tone/reshape my body / Decrease body fat / Improve athletic ability / Increase strength  
Improve flexibility / Build lean muscle mass / Decrease stress levels / Improve mood

Name of Applicant \_\_\_\_\_  
(Last) (First) (MI)

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male

Female

Email \_\_\_\_\_

Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Apt # \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Relation to You \_\_\_\_\_

Emergency Contact's Phone (primary) \_\_\_\_\_

**PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.**

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the Indian Hills Country Club facility and do hereby fully and forever release and discharge Clayton N Tandy (my Personal Trainer), and Indian Hills Country Club from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of all facilities and thereof equipment associated.

I, the undersigned, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse Indian Hills Country Club for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that I am (solely) responsible for any lost, stolen or damaged personal belongings.

I, the undersigned, have received the Personal Training Registration packet, policies and conduct of training sessions and understand there are limitations to my participation as outlined in the packet.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

**Applicant's Signature** \_\_\_\_\_

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

**FOR RECREATION STAFF USE ONLY**

**Membership Classification:**

Faculty/Staff

Member

Guest

**Package Purchased:**

Amount of Sessions

**Fee Amount \$** \_\_\_\_\_ **Method of Payment**

Cash

Check # \_\_\_\_\_

Credit Card Auth. # \_\_\_\_\_

**CSI Invoice #** \_\_\_\_\_ **Date of Purchase** \_\_\_\_\_

**Expiration Date of Package** \_\_\_\_\_

**Name** \_\_\_\_\_

(Please Print Clearly)

**GENERAL INFO**

Height \_\_\_\_\_ ft Weight \_\_\_\_\_ lbs

Any unexplained significant weight loss/gain \_\_\_\_\_ Within the last 6 months \_\_\_\_\_ Within the last year \_\_\_\_\_ NO  
If yes, please explain \_\_\_\_\_

What was your most recent blood pressure reading? \_\_\_\_\_ / \_\_\_\_\_ mm hg date \_\_\_\_\_

Do you currently exercise? YES NO  
If yes, how long have you been exercising regularly? \_\_\_\_\_

What exercise do you do and how often?  
\_\_\_\_\_  
\_\_\_\_\_

# MEDICAL DIAGNOSES

Have you ever had any of the following?

**Heart attack**

YES NO UNSURE

**Coronary Artery Disease**

YES NO UNSURE

**Asthma**

YES NO UNSURE

**Stroke**

YES NO UNSURE

**Cancer**

YES NO UNSURE

**Osteoporosis**

YES NO UNSURE

**Pulmonary Disease**

YES NO UNSURE

**Cardiovascular surgery**

YES NO UNSURE

**Heart Valve Problems**

YES NO UNSURE

**Currently pregnant**

YES NO UNSURE

**Rheumatic Fever**

YES NO UNSURE

**Emphysema**

YES NO UNSURE

**Allergies**

YES NO UNSURE

## MAJOR SIGNS/SYMPTOMS SUGGESTIVE OF CARDIOVASCULAR AND PULMONARY DISEASE

- |  |     |    |        |
|--|-----|----|--------|
| 1. Pain or discomfort (or anginal equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow) | YES | NO | UNSURE |
| 2. Shortness of breath at rest or w/mild exertion  | YES | NO | UNSURE |
| 3. Dizziness or syncope at rest or w/mild exertion   | YES | NO | UNSURE |
| 4. Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion   | YES | NO | UNSURE |
| 5. Edema (excessive accumulation of tissue fluid)  | YES | NO | UNSURE |
| 6. Palpitations or tachycardia (sudden rapid heart beat)   | YES | NO | UNSURE |
| 7. Intermittent claudication (lameness due to decreased blood flow)  | YES | NO | UNSURE |
| 8. Known heart murmur (abnormal heart sound)   | YES | NO | UNSURE |
| 9. Unusual fatigue or shortness of breath with usual activities  | YES | NO | UNSURE |

**If you answered "YES" to any of the above medical diagnoses, it is RECOMMENDED that you consult with your physician before beginning your exercise program.**

Please list all known allergies

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Please list any special conditions not listed above (ex: ALL INJURIES, SURGERIES, MUSCLE & JOINT PAIN, MUSCLE & JOINT WEAKNESS, ETC.)

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## MEDICATIONS

Please list any medications you are currently taking including but not limited to prescriptions, allergy medications, ergogenic aids, diet supplements, vitamins, minerals, etc.

Medication	Reason	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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I understand this Health History Questionnaire has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his or her approval prior to beginning an exercise program. I understand the information I have provided will be maintained in my membership file for use in case of a medical emergency. My signature signifies that all of the above is true, to the best of my knowledge. Any information left unanswered was done so intentionally. If any of the above information changes, I agree to submit these changes in writing to the Assistant Director for Fitness/Wellness for an update to my membership file.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Date \_\_\_\_\_

**Note: All major risk factors, signs and symptoms classifications are taken directly from *American College of Sports Medicine (ACSM) Guidelines for Exercise Testing and Prescription* (Mitchell H. Whaley, ed. © 2006)**

# PERSONAL TRAINING

## Exercise History and Goals

1. Please rate your CURRENT exercise level on a scale of 1 to 5 (5 indicating very strenuous) \_\_\_\_\_

2. Were you a high school and/or college athlete?

Yes No If yes, please specify \_\_\_\_\_

3. Do you start exercise programs but then find yourself unable to stick with them?

Yes No

4. How much time are you willing to devote to an exercise program?

\_\_\_\_\_minutes / day \_\_\_\_\_days / week

5. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, please specify the type of exercise(s) \_\_\_\_\_

\_\_\_\_\_minutes / day \_\_\_\_\_days / week

6. Rate your perception of the exertion of your exercise program (circle the number):

(1) light (2) fairly light (3) somewhat hard (4) hard

9. How long have you been exercising regularly?

\_\_\_\_\_months \_\_\_\_\_years

10. What other exercise, sport or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_

In the past few years? \_\_\_\_\_

11. What types of exercise interest you?

walking jogging other group fitness  
cycling traditional aerobics strength training  
stationary bike elliptical striding racquet sports  
stair climbing swimming yoga / Pilates

12. What do you want exercise to do for you? \_\_\_\_\_

13. Rank your goals in undertaking exercise. Use the following scale to rate each goal separately:

(1) not important, (5) somewhat important, (10) extremely important

1 2 3 4 5 6 7 8 9 10

a. Improve cardiovascular fitness \_\_\_\_\_

b. Body-fat weight loss \_\_\_\_\_

c. Reshape or tone my body \_\_\_\_\_

d. Improve performance for a specific sport \_\_\_\_\_

e. Improve moods and ability to cope with stress \_\_\_\_\_

f. Improve flexibility \_\_\_\_\_

g. Increase strength \_\_\_\_\_

h. Increase energy level \_\_\_\_\_

i. Feel better \_\_\_\_\_

j. For enjoyment \_\_\_\_\_

k. Other \_\_\_\_\_

14. By how much would you like to change your current weight?

(+) \_\_\_\_\_lbs (-) \_\_\_\_\_lbs

## PERSONAL TRAINING CLIENT/TRAINER AGREEMENT

This agreement ensures that the relationship between the client and personal trainer is clearly appreciated, respected and understood. This agreement must be signed prior to all training sessions.

### Client Responsibilities

1. Personal training fees must be paid in full prior to scheduling the first session.
2. The client's personal training packet must be completed at the time of purchase. Failure to do so may result in delayed initial consultation. All forms will be confidential to the client and assigned personal trainer.
3. This personal training packet entitles the client to one (50-55 minute) training session, which will include exercise counseling and assessment.
4. If the client is late, the session will only last until the end of the hour that the session was scheduled. A courtesy phone call to the trainer is appreciated.
- 5. Eat something before your session, so that your body will have energy. Do NOT eat a major meal within 2 hours prior to your session (small snacks are ideal).**
6. Arrive (at least) 15 minutes prior to the scheduled session to complete an active warm-up and stretch. Please be prompt to ensure a complete workout.
7. Please allow (at least) 15 minutes after the end of the scheduled session for an active cool-down and stretch.
8. For any changes please contact your trainer.
- 9. Cancellations must occur within 12 hours prior to your scheduled session.** Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
10. Clients must abide by Club Recreation facility policies and guidelines. Be advised that policies may change, in which case your personal trainer will inform you.
11. It is recommended that you bring water to each session.

### Personal Trainer Responsibilities

1. Personal trainers provide clients with the motivation, education, guidance and individual instruction necessary to achieve their personal fitness goals.
2. Personal trainer will design a safe, effective exercise program that reflects the client's objectives, fitness level and experience.
3. If the trainer is late, the client may decide to (a) reschedule the session (b) continue with the scheduled session, and the time owed is allotted to that client at no additional charge.
4. Once a personal training package/session is purchased and all forms have been completed and submitted, your Fitness Coordinator will review the forms. If the participant is approved for personal training, your personal trainer should contact you within 2-3 business days.
5. The personal trainer will allow for an open line of communication throughout the course of the client/trainer relationship.
6. If you feel a personal trainer or other fitness staff does not provide a sufficient level of customer service, please contact the Club Manager.

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

Trainer Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for taking the time to complete this form.**