

Trainer: _____

Appointment Time/Date: _____



STUDENT AFFAIRS

Campus Recreation

Welcome to Personal Training at TCU! We are excited you have decided to participate in our Program. Personal Training will help you achieve the results you desire through a safe and effective exercise program. Personal training will also enable to achieve your fitness goals in a healthy way with the motivation and support of your trainer. Our trainers will help you set realistic goals and will inspire you when you feel discouraged.

In order to start training, you will need to complete the forms that follow. It will take about 15 – 20 minutes to complete. The forms are very important and will enable your trainer to better design an exercise program for you. After completing these forms, you will be asked to set up an appointment time. Depending on your Medical Screening Form, a doctor's clearance form may be required.

Upon completing these forms and making your appointment, you will receive a confirmation email with your appointment information and cancellation policy.

If you have any questions, please contact TCU Campus Recreation.

Thank you,

TCU CAMPUS RECREATION



STUDENT AFFAIRS

Campus Recreation

**PERSONAL TRAINING PROGRAM
HEALTH AND PHYSICAL ACTIVITY HISTORY**

Date: _____ Staff Member: _____

Personal Data

Name: _____ I.D. Number: _____

Birth Date: _____ Age: _____ Gender: _____ Male _____ Female

Local Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate
___ Faculty ___ Staff ___ Alumni ___ Community
___ Other (Specify): _____

Fitness Information

Current Weight: _____ Weight 1 year ago: _____ 5 years ago: _____
Current Height: _____

Do you currently exercise 3-5 days/week? _____ If yes, how many days? _____
What is the form of exercise? _____

Which days and times are best for you?

Days

Times

_____	_____
_____	_____
_____	_____

Desired Start Date: _____ Desired Times Per Week: _____

Do you follow any special diet at the present time? Yes No

If yes, what type?

Low Cholesterol/Low Fat

Low Sodium

Reduced Calorie

Liquid Diet

Other: _____

What are your personal exercise goals?

Weight Control/Loss

Staying in Shape

Cardiovascular Conditioning

Increasing Strength

Stress Reduction

Physician Request

Other: _____

What is your trainer preference? Male Female No Preference

(Optional) Please write any additional information or comments before beginning your exercise program: _____

Salesperson: _____ # Sessions: _____

Payment Type: Visa/MC Check # _____ Cash

Amount of Sale: _____



STUDENT AFFAIRS

Campus Recreation

TCU PERSONAL TRAINING PROGRAM

Before starting a personal fitness training program with TCU Campus Recreation I, _____, certify to TCU Campus Recreation that I have fully and accurately completed the Health and Physical Activity History form presented to me by a TCU Campus Recreation staff member; and that I have provided accurate responses to the questions as indicated on the form or asked by the TCU Campus Recreation staff. I understand that it is important that I provide complete and accurate responses to the interviewer; I acknowledge that TCU Campus Recreation has relied on my responses in its decisions regarding my personal training program, and I recognize that my failure to give complete and accurate responses could lead to possible injury to myself during the program. I understand that a medical clearance form may be needed from my physician depending upon the responses I give, in accordance to ACSM guidelines.

I have been given the opportunity to ask questions regarding the TCU Campus Recreation Health and Physical Activity History form and my supervised fitness program, and I have received satisfactory answers to those questions.

I understand that I will have a maximum of one week per session purchased to complete my personal training package (I must complete at least one session per week). I understand that any sessions not completed within this time (assuming no rec center closures or extenuating circumstances approved by the Assistant Director – Fitness) will be forfeited.

I have read this Health and Physical Activity Agreement and understand all of its terms. I have provided complete and accurate information to the best of my ability regarding my current and prior physical status, including any pre-existing injuries or special medical conditions.

Participant Signature

Witness Signature

Print Name

Print Name

Date

Date



STUDENT AFFAIRS

Campus Recreation

INFORMED CONSENT/RELEASE FOR PARTICIPATION IN A PERSONAL TRAINING PROGRAM

Purpose and Explanation of Procedures

I, _____, hereby consent to voluntarily engage in a Personal Training Program with TCU Campus Recreation. The program may include stress management as well as health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory fitness (heart and lungs) and my muscular fitness. I acknowledge it has been recommended to me by TCU Campus Recreation that I should be examined by a physician of my choice and obtain his/her approval for my participation in the program within thirty (30) days of the date set forth below. A medical clearance form may be faxed to my physician for authorization to begin a supervised exercise program, in accordance to ACSM guidelines. Furthermore, within a twelve (12) month period preceding the date of this release, I have not been advised by a physician or other health care professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning program. I will be given instructions regarding the amount and type of exercise I should perform. A TCU Campus Recreation Personal Trainer will direct my activities, monitor my performance during the exercise recommendation and at any further appointments, and otherwise evaluate my effort. I understand that I am expected to follow the trainer's instructions with regard to my exercise and health and fitness related programs. If I am taking prescribed medications, I have already so informed TCU Campus Recreation and further agree to so inform my trainer promptly of any changes which my doctor or I have made with regard to use of any medications or change in my medical status. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in the above described program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms, should any develop.

I understand that during the performance of exercise, the trainer will periodically monitor my performance which may include: measuring my pulse or blood pressure or assessing my feelings of exertion for the purposes of monitoring my progress. I

also understand that the trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I understand that during the performance of the Program, physical touching and positioning of my body by the trainer may be necessary to assess my muscular and bodily reactions to specific exercises as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

Risks

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of heart rhythm, and, less likely, heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimize these occurrences by proper assessments of my condition before each session, trainer supervision during exercise and by my own control of exercise efforts. I fully understand the risks associated with exercises, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

Inquiries and Freedom of Consent

I have been given the opportunity to ask questions regarding the procedures of the Program and I have received satisfactory answers to those questions.

I agree that TCU Campus Recreation shall not be liable or responsible for any injuries to me resulting from my participation in the Program (whether at home or a health club, outdoors or other public places, or corporate, commercial, residential or other fitness facility): and I expressly release and discharge TCU Campus Recreation and TCU as a whole, its employees, agents and/or administrators or assigns from any claims and suits as a result of any injury or other damage which may occur in connection with my participation in the Program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by the TCU Campus Recreation staff.

Participant Signature

Campus Recreation Staff Signature

Print Name

Print Name

Date

Date



STUDENT AFFAIRS

Campus Recreation

PERSONAL TRAINING PROGRAM - MEDICAL SCREENING FORM

Last Name: _____ First Name: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Work Phone: _____
 Age: _____* Birth Date: _____ Sex: _____ Date of Last Physical Exam: _____
 Occupation: _____
 Physician's Name: _____ Physician's Fax: _____
 Physician's Phone: _____ Phone: _____
 Emergency Contact: _____
 Emergency Contact Relation: _____

**Due to ACSM guidelines, males 45 years of age or older and females 55 years of age or older require a physician present for maximal graded exercise testing and therefore cannot be tested in our lab.*

Please read the questions carefully and answer each one honestly. An answer of 'yes' to any question followed by an '*' will require completion of a Physician's Release Form. (Please complete all blanks by answering 'yes' or 'no').

Cardiovascular Risk Assessment:

Do you:

_____ Have a history of Heart Disease?*	_____ Have Diabetes?*
_____ Have high cholesterol?*	_____ Smoke Cigarettes?
_____ Have high blood pressure?*	_____ Have a family history of Heart Disease?

Other conditions:

Do you have:

_____ Epilepsy or Seizures?*	_____ Recent Surgery (past 6 months)?*
_____ Breathing or Lung Problems (such as asthma or COPD)?*	_____ If yes, what type? _____
_____ Recent or present hernia?*	_____ Recently released from physical therapy?*
_____ Recently (past 6 months) or presently pregnant?*	Reason: _____
_____ Experience dizziness, shortness of breath or ataxia with activity?	_____ Any other limitations? Explain: _____

Please list all medications that you are currently taking:

Main Goals of Exercise Program:

Signature: _____

Date: _____



STUDENT AFFAIRS

Campus Recreation

PERSONAL TRAINING PROGRAM PHYSICIAN REFERRAL FORM

Participant's Name _____ Date _____

Age _____ Birth date _____ Office Phone _____

Address _____ Home Phone _____

1. Date of last completed examination _____

2. Please check any of the following conditions which are pertinent to this participant:

A. Contraindications (etiologic factors which would be absolute contraindications to participation in the TCU Personal Training Program).

B. Risk Factors

- _____ 1. Coronary Artery Disease
- _____ 2. Severe hypertension
- _____ 3. Significant cardiac dysrhythmia
- _____ 4. Significant valvular disease
- _____ 5. Significant EKG abnormality
- _____ 6. Chest pain (anginal type)
- _____ 7. Syncope
- _____ 8. Significant musculoskeletal disorder

- _____ 1. Mild hypertension
- _____ 2. Hypercholesterolemia
- _____ 3. Family history of heart disease
- _____ 4. Sedentary Life
- _____ 5. Smoking
- _____ 6. Obesity
- _____ 7. Non-Specific EKG
- _____ 8. Diabetes
- _____ 9. Abnormal Triglyceride levels

3. Other abnormalities that you are aware of: _____

4. List any medications the applicant is on: _____

Based upon the current review of the health status of _____, I recommend:

- _____ No physical activity
- _____ Stress Training prior to beginning an exercise program
- _____ Progressive physical activity

_____ With the avoidance of: _____

_____ Other Specific Recommendations: _____

_____ Unrestricted physical activity – start slowly and build up gradually

Signed: _____, M.D.
Name of Physician: _____

Date: _____
Phone: _____

RETURN TO: Ryan Keller
Assistant Director of Fitness & Wellness
Texas Christian University
Phone: 817-257-PLAY
Fax: 817-257-5036