



Campus Recreation & Wellness Promotion

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

In order to start training, you will need to fill out the forms that follow. They should take about 15-20 minutes to complete. These 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 the forms and making your appointment, you will receive a confirmation email with your appointment information and our cancellation policy.

If you have any questions, please contact our Assistant Director of Fitness, Jordan Stroope.

Thank you,

Jordan Stroope
Assistant Director of Fitness,
TCU Campus Recreation & Wellness Promotion
j.stroope@tcu.edu

Trainer: _____

Appointment Time/Date: _____



Campus Recreation &
Wellness Promotion

PERSONAL TRAINING PROGRAM
HEALTH AND PHYSICAL ACTIVITY HISTORY

Date: _____

Staff Member: _____

Personal Data

Name: _____ I.D. Number: _____

Birth Date: _____ Age: _____ Gender: _____

Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

___ Faculty ___ Staff ___ Alumni ___ Community

___ Other (Specify): _____

(Office Use Only):

Salesperson: _____ # Sessions: _____

Payment Type: Visa/MC Check # _____ Cash

Amount of Sale: _____



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Please fill out your weekly availability for training with as much detail as possible to best pair you with a personal trainer

Day	Times Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

How frequently are you interested in training per week? _____

Do you have a trainer preference?

___ Male Trainer ___ Female Trainer ___ No preference

Preference is a requirement

Trainer name: _____

Fitness Information

Anthropometrics (optional): Current Weight: _____ Current Height: _____

Do you have any important dietary information to share with your trainer?

Are you currently engaging in regular exercise? If so, please explain: _____

Any past fitness experiences, good or bad, that you'd like to share with your trainer?

What types of exercise interest you? _____

What barriers do you think have previously prevented you from beginning or adhering to a regular exercise plan? _____

Please rate each of the following goals 1-10, with 10 being extremely important to you:

Improve Cardiovascular Fitness	_____	Reduce body fat level	_____
Increase strength	_____	Enjoyment	_____
Improve energy level	_____	Mobility/movement ability	_____
Other: _____	_____		

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



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TCU PERSONAL TRAINING PROGRAM

Before starting a personal fitness training program with TCU Campus Recreation & Wellness Promotion, I, _____, certify to TCU Campus Recreation & Wellness Promotion that I have fully and accurately completed the Health and Physical Activity History form presented to me by a TCU Campus Recreation & Wellness Promotion staff member; and that I have provided accurate responses to the questions as indicated on the form or asked by the TCU Campus Recreation & Wellness Promotion staff. I understand that it is important that I provide complete and accurate responses to the interviewer; I acknowledge that TCU Campus Recreation & Wellness Promotion 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 & Wellness Promotion Health and Physical Activity History form and my supervised fitness program, and I have received satisfactory answers to those questions.

I understand that unused sessions will expire 6 months from the date of purchase unless otherwise approved by the Assistant Director of Fitness.

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

**INFORMED CONSENT/RELEASE FOR PARTICIPATION
IN THE TCU CRWP PERSONAL TRAINING PROGRAM**

Purpose and Explanation of Procedures

I, _____, hereby consent to voluntarily engage in a Personal Training Program with TCU Campus Recreation & Wellness Promotion. 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 & Wellness Promotion 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 & Wellness Promotion 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 & Wellness Promotion 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.

_____ (initial) 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.

_____ (initial) 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.

_____ (initial) 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

_____ (initial) 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

_____ (initial) 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 & Wellness Promotion 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 & Wellness Promotion 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 & Wellness Promotion staff.

Participant Signature

TCU CRWP Staff Signature

Print Name

Print Name

Date

Date



Campus Recreation & Wellness Promotion

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 Phone: _____ Physician's Fax: _____
Emergency Contact: _____ Phone: _____
Emergency Contact Relation: _____

*Please read the questions carefully and answer each one honestly. 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 If yes, what type? _____
(such as asthma or COPD)?* _____ Recently released from physical
_____ Recent or present hernia?* therapy?*
_____ Recently (past 6 months) or Reason: _____
presently pregnant?* _____ Any other limitations?
_____ Experience dizziness, shortness Explain: _____
of breath or ataxia with activity?

Please list all medications that you are currently taking:

Main Goals of Exercise Program:

Signature: _____

Date: _____



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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. Date: _____
Name of Physician: _____ Phone: _____

RETURN TO: Jordan Stroope
Assistant Director of Fitness
TCU Campus Recreation and Wellness Promotion

Phone: 817-257-7061
Email: j.stroope@tcu.edu

