



Recreational Sports

Student Affairs

UNIVERSITY OF GEORGIA

Personal Training

New Client Schedule Form

(To be completed by Client prior to payment. Packet submission does not guarantee immediate service.)

Client Name: _____ UGA ID #: _____

Client Phone: _____ Client E-mail: _____

Returning Client (circle): Y / N Personal Trainer's Name (if applicable): _____

Number of sessions per week: _____

Top 3 preferred training days and times (be as specific as possible for expedited service):*

1. Day: _____ Times: _____

2. Day: _____ Times: _____

3. Day: _____ Times: _____

***Client assignment is based on trainer/client availability and special requests. Assignment and initial contact may not be immediate.**

Fitness Assessments/Orientations:

- InBody Body Composition Testing Night (\$10)
- Personalized Fitness Orientation (\$40); Buddy Personalized Fitness Orientation (\$60)
- Fitness Assessment Only (\$40/\$50/\$60)

Individual Personal Training Packages:

*Each package includes an initial consultation and fitness assessment (1 hour in length) prior to the first personal training session. No refunds will be issued after initial purchase.

Student:	Faculty/Staff:	Alumni/Affiliate:
<input type="checkbox"/> 6 sessions (\$264)	<input type="checkbox"/> 6 sessions (\$276)	<input type="checkbox"/> 6 sessions (\$288)
<input type="checkbox"/> 12 sessions (\$504)	<input type="checkbox"/> 12 sessions (\$528)	<input type="checkbox"/> 12 sessions (\$552)
<input type="checkbox"/> 20 sessions (\$800)	<input type="checkbox"/> 20 sessions (\$840)	<input type="checkbox"/> 20 sessions (\$880)

Buddy Personal Training Packages:

*Each package includes an initial consultation (1 hour in length) prior to the first personal training session. No refunds will be issued after initial purchase.

Student:	Faculty/Staff:	Alumni/Affiliate:
<input type="checkbox"/> 6 sessions (\$240)	<input type="checkbox"/> 6 sessions (\$252)	<input type="checkbox"/> 6 sessions (\$264)
<input type="checkbox"/> 12 sessions (\$456)	<input type="checkbox"/> 12 sessions (\$480)	<input type="checkbox"/> 12 sessions (\$504)
<input type="checkbox"/> 20 sessions (\$720)	<input type="checkbox"/> 20 sessions (\$760)	<input type="checkbox"/> 20 sessions (\$800)

Programs to Go:

4-week personalized fitness program through Advagym App

30-minute virtual consultation & 30-minute virtual meeting to review the program

Two optional 15-minute follow-up meetings

Level 1: Up to 3 workouts per week (12 total); **Level 2:** Up to 6 workouts per week (24 total)

Student:	Faculty/Staff:	Alumni/Affiliate:
<input type="checkbox"/> Level 1 (\$96)	<input type="checkbox"/> Level 1 (\$108)	<input type="checkbox"/> Level 1 (\$120)
<input type="checkbox"/> Level 2 (\$168)	<input type="checkbox"/> Level 2 (\$192)	<input type="checkbox"/> Level 2 (\$216)

OFFICE USE ONLY (To be completed by receptionist):

New Client Forms Completed?

- Personal Training Packet (PT only)
- Medical Clearance Form (if applicable)
- Waiver of Medical Clearance (if applicable)

Receptionist Name: _____



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Personal Training Policies and Procedures

1. All Personal Training sessions will be provided by certified Personal Trainers holding current and accredited certifications. Personal Trainers will follow current exercise and physical activity guidelines as established by the American College of Sports Medicine (ACSM).
2. All Clients must be 18 years of age or older.
3. Clients may register for Personal Training sessions in the Recreational Sports office or online.
4. New client schedule forms must be completed and submitted to the Recreational Sports office or online with payment. Online payments will be collected at <https://shop.recsports.uga.edu/>.
5. Clients must submit Personal Training packets to the Recreational Sports office at least 3 days prior to the initial Personal Training session.
6. There is no guarantee that a specific Personal Trainer will always be available with each session or package purchased as employment status may change.
7. The Personal Trainer and the Department of Recreational Sports reserve the right to request medical clearance from a licensed medical professional if necessary.
8. If the client has checked “yes” to any of the questions on the PAR-Q form (page 5), a physician’s clearance must be obtained prior to beginning a Personal Training program with the Department of Recreational Sports.
9. Clients should immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
10. Personal Trainers will contact the Client to schedule the initial consultation.
11. The Client will meet his or her Personal Trainer at the mutually agreed upon place inside the Ramsey Student Center.
12. The Client will schedule all sessions prior to Personal Training sessions. These sessions may be rescheduled based on Client-Personal Trainer agreement.
13. During the initial consultation the Client will have the opportunity to ask questions.
14. Buddy Training is limited to two individuals. Both Clients must be present during buddy training sessions. If only one individual is present, a session will still be subtracted from the total number of sessions purchased. Proration will not be permitted.
15. Should the Personal Trainer arrive late, the Personal Trainers must make up the time lost with the Client at no additional charge. If the Personal Trainer must cancel a session, he or she will notify the Client 1 day in advance.
16. Late Clients will forfeit any session time lost based on his or her tardiness. Personal Trainers will wait no longer than 15 minutes for Clients. After 15 minutes, the session will be forfeited. Clients must provide cancellation notification at least 1 day in advance, or forfeit the session. No refunds will be issued.
17. Sessions purchased must be used within a 6 month period, after which they will be voided. Unused sessions will not be refunded.
18. A Client Satisfaction Survey will be e-mailed to the Client following the completion of each package purchased.
19. The Department of Recreational Sports reserves the right to adjust the schedule under any circumstance. The client will be notified under such circumstances.
20. To receive optimum benefits from the program, a minimum of 2 sessions per week is recommended.
21. All fitness activities are subject to Ramsey Center facility policies in the event of an emergency situation or inclement weather.
22. **No refunds will be issued regardless of trainer graduation or employment status. You will be transferred to another trainer to finish any remaining sessions.**



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Personal Training Client Agreement

The guidelines provided below are designed to ensure the relationship between the Personal Trainer and Client are clearly appreciated and understood.

Personal Trainer Responsibilities:

1. Perform an initial fitness assessment.
2. Design a safe and effective personalized program that meets the Client's needs and goals.
3. Provide guidance regarding proper exercise techniques.
4. Evaluate, monitor, and modify the personalized program based on the Client's changing needs.
5. Encourage, motivate, and support the Client in his or her identified goals.
6. Personal Trainers must make up any lost time due to their tardiness with the Client at no additional charge.
7. If the Personal Trainer must cancel a session, he or she must notify the Client in writing 1 day in advance.
8. All Personal Trainers employed by the University of Georgia Department of Recreational Sports and may not accept direct or personal payment for his or her services.
9. All information will remain confidential unless written permission is given by the Client. Personal Trainers are subject to the Clery Act, UGA's NDAH Policy, and UGA's Mandatory Reporter policy requirements.

Client Responsibilities:

1. Payment must be made out to the University of Georgia and should be received prior to the first Personal Training session. Clients must not compensate Personal Trainers directly for their services. No refunds will be issued.
2. All purchased sessions should be scheduled prior to the first session and may be adjusted based on Client-Trainer agreement.
3. Clients must adhere to all facility policies and procedures as agreed upon when signing the facility paperwork.
4. Clients will lose session time based on his or her tardiness. Personal Trainers will wait no longer than 15 minutes for Clients. After 15 minutes, the session will be forfeited.
5. Clients must provide cancellation notification at least 1 day in advance, or forfeit the session.
6. Clients must complete their Personal Training Packet prior to completing the first session with a Personal Trainer.
7. Clients should immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
8. Sessions purchased must be used within a 6 month period, after which they will be voided. Unused sessions will not be refunded.
9. Clients must abide by all Department of Recreational Sports rules and regulations. Failure to do so may result in the removal or denial of service to the Client without refund.
10. By signing below, the Client acknowledges and agrees that he or she has no limiting health conditions that would preclude participation in an exercise program (ex: Diabetes, Heart Disease, other cardiovascular conditions) and will immediately notify the Personal Trainer, if such health conditions arise.
11. If the client has checked "yes" to any of the questions on the PAR-Q form (page 5), a physician's clearance must be obtained prior to beginning a Personal Training program with the Department of Recreational Sports.
12. By signing below, the Client acknowledges and agrees that Personal Training does not diagnose or treat medical disorders or injuries. The Client understands that Personal Training is not a substitute for medical care and it will not be used as such. The Client agrees that during a training session, the Personal Trainer may make recommendations for increased health and well-being and these recommendations should be carefully evaluated by the Client and their health care professionals to determine the appropriateness for the individual Client. The Client agrees that if they are currently under the care of a health care professional or currently prescribed medications, they will consult with the professional before making any health-related changes including the discontinuation of any prescription medications.

I clearly understand the roles and responsibilities described above:

Date: _____

Client Signature: _____



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Personal Training Client Information

General Client Information

First Name: _____ Last Name: _____

Address: _____ Phone: _____

City, State, Zip: _____

E-mail: _____ UGA ID: _____

Sex: M/F Age: _____ DOB: ___/___/_____

Physician: _____ Physician Phone: _____

Physician Address: _____

Emergency Contact

Name: _____

Emergency Contact Relation: _____ Emergency Contact Phone: _____

Exercise History (Please circle)

Are you currently involved in regular cardiorespiratory (aerobic) exercise and/or regular weight training program? Y / N

If yes, please specify the type of exercise: _____

Days per week: _____ Minutes per day: _____

Is there any other physical activity that you participate in that you would like to acknowledge?

Y / N If yes, please specify: _____

Do you have any negative feelings toward, or have you had any bad experiences with physical activity programs? Y / N If yes, please specify: _____

Rate your activity level: Highly Active Moderately Active Lightly Active Inactive

Rate your stress level: High Moderate Low

Rate your motivation for exercise: High Moderate Low

Rate your knowledge regarding exercise and fitness: High Moderate Low Very Low

Explain your physical activity in the past:

6 months: _____

2 years: _____

10 years: _____

How much time a day are you willing to devote to an exercise program?

Minutes/day: _____ Days/week: _____

What types of exercise do you enjoy?

- | | | |
|--|---|---|
| <input type="checkbox"/> Walking/jogging | <input type="checkbox"/> Stationary bike | <input type="checkbox"/> Hiking/rock climbing |
| <input type="checkbox"/> Weight training (machines) | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Team sports |
| <input type="checkbox"/> Swimming/water activities | <input type="checkbox"/> Tennis | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Cycling (indoor/outdoor) | <input type="checkbox"/> Yoga | <input type="checkbox"/> Free weights |
| <input type="checkbox"/> Aerobics class | <input type="checkbox"/> Stretching | |
| <input type="checkbox"/> Other (please describe below) | <input type="checkbox"/> Sport Conditioning | |



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Personal Training Client Information

Health History

PAR-Q and You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15-69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by the doctor? Y / N
2. Do you feel pain in your chest when you do physical activity? Y / N
3. In the past month, have you had chest pain when you were not doing physical activity? Y / N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y / N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y / N
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y / N
7. Do you know of any other reason why you should not do physical activity? Y / N

Informed use of the PAR-Q: Reprinted from ACSM's Health/Fitness Facility Standards and Guidelines, 1997 by American College of Sports Medicine.

<p>If you answered YES to one or more questions:</p> <ul style="list-style-type: none"> • Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. • Obtain medical clearance PRIOR to beginning your Personal Training program with the Department of Recreational Sports. • You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities you wish to participate in and follow his/her advice. 	<p>If you answered NO to all questions:</p> <ul style="list-style-type: none"> • If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can: • Start becoming much more physically active— begin slowly and build up gradually. This is the safest and easiest way to go. • Take part in a fitness appraisal— this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.
<p style="text-align: center;">Delay becoming much more active:</p> <ul style="list-style-type: none"> • If you are not feeling well because of a temporary illness, such as a cold or a fever—wait until you feel better; <ul style="list-style-type: none"> • If you are or may be pregnant—talk to your doctor before you start becoming more active. <p>Please note: If your health changes so that you answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</p>	



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Health History

General

Height: _____ ft Weight _____ lbs

Any unexplained significant weight loss/gain:

Within the last 6 months

Within the last year

No

What was your most recent blood pressure reading? _____ / _____ mm hg

Date _____ Don't Know

Medical Diagnosis

Heart attack YES NO UNSURE

Angina YES NO UNSURE

Anemia YES NO UNSURE

Osteoporosis YES NO UNSURE

Cardiovascular surgery YES NO UNSURE

Currently pregnant YES NO UNSURE

Emphysema YES NO UNSURE

Chronic Bronchitis YES NO UNSURE

Diabetes YES NO UNSURE

Phlebitis YES NO UNSURE

(inflammation of a vein)

Coronary Artery Disease YES NO UNSURE

Stroke YES NO UNSURE

Cancer YES NO UNSURE

Pulmonary Disease YES NO UNSURE

Heart Valve problems YES NO UNSURE

Rheumatic Fever YES NO UNSURE

Allergies YES NO UNSURE

Hernia YES NO UNSURE

Seizures YES NO UNSURE

Emboli (blood clot) YES NO UNSURE

Have you ever had any of the above?

YES NO

Are you currently being treated for any bone, orthopedic or joint problem that could be aggravated with present physical activity?

YES NO

Have you been treated for any bone, orthopedic or joint problem that could be aggravated with present physical activity? If yes, how many years ago did this occur? _____

Please list all known allergies _____

Any special conditions not listed above _____

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

Medication	Reason	Dosage



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Health History

MAJOR RISK FACTORS

- Are you a man over age of 45 or a woman over age of 55 who has had a hysterectomy or is postmenopausal?
 YES NO UNSURE
- Has your father or brother experienced a heart attack before age 55? Or has your mother or sister experienced a heart attack before the age of 65?
 YES NO UNSURE If yes, who? _____
- Has your doctor ever told you that you might have high blood pressure?
 YES NO UNSURE
- Do you have cholesterol above 200 ml/dl?
 YES NO UNSURE Total cholesterol _____ HDL _____ Date tested _____
- Do you have impaired fasting glucose (pre-diabetes)? What year were you diagnosed? _____
 YES NO UNSURE
If yes, do you take insulin? YES NO
- Are you physically inactive (i.e. less than 30 min. of physical activity on at least 3 days per week)?
 YES NO UNSURE
- Do you currently smoke or have you quit smoking in the last 6 months?
 YES NO UNSURE
I smoke (#) _____ cigarettes per day/week (circle one) for _____ years
I smoked (#) _____ cigarettes per day/week (circle one) _____ years ago.

If you are a man over the age of 45 or a woman over the age of 55 OR if you answered "YES" to two (2) or more of the above major risk factors, it is RECOMMENDED that you receive physician's clearance before beginning your exercise program.

MAJOR SIGNS/SYMPTOMS SUGGESTIVE OF CARDIOVASCULAR AND PULMONARY DISEASE

- Pain or discomfort in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow) either at rest or during exercise? YES NO UNSURE
- Shortness of breath at rest or w/mild exertion YES NO UNSURE
- Dizziness or syncope at rest or w/mild exertion YES NO UNSURE
- Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion
 YES NO UNSURE
- Edema (excessive accumulation of tissue fluid) YES NO UNSURE
- Palpitations or tachycardia (sudden rapid heartbeat) YES NO UNSURE
- Intermittent claudication (lameness due to decreased blood flow) YES NO UNSURE
- Known heart murmur (abnormal heart sound) YES NO UNSURE
- Unusual fatigue or shortness of breath with usual activities YES NO UNSURE

If you answered, YES to any of the above major signs and symptoms listed above OR have known cardiovascular, pulmonary or metabolic disease (see below), it is STRONGLY RECOMMENDED that you seek physician's clearance before beginning an exercise program.

AFFIDAVIT:

I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I understand that it is my responsibility to notify the Personal Trainer or Assistant Director for Fitness & Wellness in writing of any new medical condition(s) that develop, new medications that I have been prescribed or any supplements (including herbs) that I may take in the future. Further, I am solely responsible for requesting and completing a health history form annually.

Signature: _____ **Date:** ____/____/____



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Goals & Expectations

Goals should be SMART (Specific, Measurable, Achievable, Realistic, and Time bound)

Rank (circle) your goals regarding fitness and wellness:

Extremely Important 1	Somewhat Important 2	Somewhat Important 3	Not Important 4	Not Important 5
<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Increase muscular strength	<input type="checkbox"/> Lose weight	<input type="checkbox"/> Increase energy level	<input type="checkbox"/> Increase self-confidence
<input type="checkbox"/> Increase muscular endurance	<input type="checkbox"/> Increase energy level	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence
<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence
<input type="checkbox"/> Decrease stress	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence
<input type="checkbox"/> Improve performance in a specific sport/event (please describe):	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Increase self-confidence

**Please identify your:
Short-term goals (first 4 weeks):**

Long-term goals (first 6 months-1 year):

Life-long goals:

Please consider your goals carefully.

Your Personal Trainer can help you set S.M.A.R.T. goals if you are unsure.



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FOR OFFICE USE:
of Sessions: _____
Amount Paid: _____
Payment Method: _____
Cashier's Initials: _____

PERSONAL TRAINING WAIVER

Name: _____ UGA ID: _____

PERSONAL TRAINING RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(Read carefully before signing)

I, the undersigned, hereby acknowledge my awareness that my participation in a University of Georgia Department of Recreational Sports class, event, or instruction or program may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, water aerobics, other water fitness training activities, martial arts, strength training, boot-camp training, swimming, diving, practicing CPR and other First Aid, and practicing water rescue skills. It may also involve training activities which use various types of athletic equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope, kick board, swim paddles, water exercise belt, elastic bands, various hand buoys and/or other strength and conditioning and resistance equipment. It may also involve training activities which use various types of resuscitation equipment which include, but are not limited to, the following: personal protective equipment such as gloves and breathing barriers, CPR manikins, gauze, triangular bandages and Automatic External Defibrillators (AEDs).

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; drowning; exposure to warm or cold water; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports program and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, and any participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

SIGNATURE OF PARTICIPANT

DATE