



OFFICE USE ONLY:

DATE RECEIVED:

\_\_\_\_ / \_\_\_\_ / 2011

# PERSONAL TRAINING REGISTRATION PACKET

To register for Personal Training, complete this packet and pay the registration fee at the University Union Ticket Office. Return the completed packet & receipt of payment to Burdick Hall, Rm 151. For more information call 410-704-5360 or email [jhuffman@towson.edu](mailto:jhuffman@towson.edu)

Please print legibly.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First

Local Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best hours to be reached: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

TU ID #: \_\_\_\_\_ TU Affiliation:  Faculty/Staff  Grad Student  Alumni  
Must possess Alumni Pass  
 Undergrad Student—circle class: Fr So Jr Sr  
 Domestic Partner/Spouse of Student/Fac/Staff  
Eligible for Group Pkg only—other participant must be TU affiliated

## Individual Training Packages

Please mark a ✓ in the box of the corresponding package you have selected to purchase.

All individual packages include a Fitness Assessment & C.R.i.B. Orientation.

- |                                 |             |                                       |
|---------------------------------|-------------|---------------------------------------|
| <input type="checkbox"/> Bronze | 3 sessions  | (\$60 students / \$75 non-students)   |
| <input type="checkbox"/> Silver | 5 sessions  | (\$85 students / \$105 non-students)  |
| <input type="checkbox"/> Gold   | 10 sessions | (\$155 students / \$195 non-students) |
| <input type="checkbox"/> Tiger  | 15 sessions | (\$225 students / \$280 non-students) |

## Group Training Packages

NOTE: Both participants must complete a Registration Packet.

Please mark a ✓ in the box of the corresponding package you have selected to purchase.

All group packages include a Fitness Assessment for both individuals of the group.

- |                                     |                      |                                      |                      |
|-------------------------------------|----------------------|--------------------------------------|----------------------|
| <input type="checkbox"/> 3 sessions | \$90 (\$45/person)   | <input type="checkbox"/> 5 sessions  | \$140 (\$70/person)  |
| <input type="checkbox"/> 8 sessions | \$210 (\$105/person) | <input type="checkbox"/> 10 sessions | \$260 (\$130/person) |

Name of second individual in the group: \_\_\_\_\_

## Fitness Assessment

Please mark a ✓ in the box of the corresponding assessment you have selected to purchase.

- Comprehensive** (\$15 student / \$25 non-student)  **Quick Test** (\$5 student / \$8 non-students)
- Post Package Assessment** (\$10)

# Pre-Assessment Screening

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Personal Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Date of last physical exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever had any other exercise stress test?  Yes  No

If Yes, date & location of test: \_\_\_\_\_

Have you ever had any cardiovascular tests?  Yes  No

If Yes, date & location of test: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Please provide responses (Yes or No) to the following concerning family history, your own history, and any symptoms you have had:

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Are you pregnant?  Yes  No

Have you ever had your cholesterol measured?  Yes  No If yes, value \_\_\_\_\_

Are you taking any prescription or non-prescription medication?  Yes  No

For each of your current medications, provide the following information:

MEDICATION	Dosage—times/day	Years on medication	Reason for taking
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## Pre-Assessment Screening continued

Hospitalizations: Please list recent hospitalization (Women: do not list pregnancies)

Year

Location

Reason

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Any other medical problems/concerns not already identified?  Yes  No

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### LIFESTYLE HABITS

Do you ever have an uncomfortable shortness of breath during exercise or when doing activities?

Yes  No

Do you ever have chest discomfort during exercise?  Yes  No

If so, does it go away with rest?  Yes  No

Do you currently smoke?  Yes  No If so, what?  Cigarettes  Cigars  Pipe

How long have you smoked? \_\_\_\_\_ years

How much per day?  < ½ pack  ½ to 1 pack  1 to 1 ½ packs  1 ½ to 2 packs  >2 packs

Have you ever quit smoking?  Yes  No When? \_\_\_\_\_

How many years and how much did you smoke? \_\_\_\_\_

Do you drink any alcoholic beverages?  Yes  No If Yes, how much in 1 week? (indicate below)

Beer \_\_\_\_\_ (cans, 12oz) Wine \_\_\_\_\_ (glasses) Hard liquor \_\_\_\_\_ (drinks)

Do you drink caffeinated beverages?  Yes  No If yes, how much in 1 week? (indicate below)

Coffee \_\_\_\_\_ (cups) Tea \_\_\_\_\_ (glasses) Soft drinks \_\_\_\_\_ (cans, 12oz)

Other: \_\_\_\_\_ ( \_\_\_\_\_ oz)

Are you currently following a weight reduction diet plan?  Yes  No

Is so, how long have you been dieting? \_\_\_\_\_ months

Is the plan prescribed by your doctor?  Yes  No

## Pre-Assessment Screening continued

### ACTIVITY LEVEL EVALUATION

What is your occupational/work activity level?     Sedentary     Light     Moderate     Heavy

Do you currently engage in moderate to vigorous physical activity on a regular basis?     Yes     No

If Yes, what type(s)? \_\_\_\_\_ How many days per week? \_\_\_\_\_

How much time per day?     < 15 min     15 - 30 min     31 - 60 min     >60 min

How long have you engaged in this type of activity?     < 3 months     3 - 12 months     > 1year

Do you engage in any recreational or leisure-time physical activities on a regular basis?     Yes     No

If Yes, what activities? \_\_\_\_\_

On average:    How often? \_\_\_\_\_ times/wk                      For how long? \_\_\_\_\_ time/session

How long have you engaged in this type of activity?     < 3 months     3 - 12 months     > 1year

Your fitness goals and objectives are: \_\_\_\_\_

STAFF COMMENTS: \_\_\_\_\_

### AVAILABILITY

In the table to the right, please indicate with a ✓ the times you **ARE** available to train.

How many times a week do you want to train with a Personal Trainer? (please circle)  
**1    2    3**

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
6:30 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Rules and Regulations

## I. Cancellation/Punctuality Policy

If a participant needs to cancel a given appointment, he or she is responsible for notifying the Personal Trainer at least 24 hours in advance. Personal Trainers will provide his/her clientele with contact information so a participant may contact him or her directly in the event a cancellation/change of session time must occur. Failure to give the proper 24 hour notification will result in the forfeit of the session missed. Participants are expected to be on time for all appointments. Personal Trainers will wait 15 minutes past the scheduled appointment time, after which time the session will be forfeited. For late arrivals, it is at the discretion of the trainer if a deduction of time off the full hour session will occur.

## II. Payments and Refunds

Participants are to purchase Personal Training Packages or Fitness Assessments at the Ticket Office in the University Union in order for the first appointment with a Personal Trainer to be scheduled. Receipts, along with the completed Registration Packet, are to be brought to Burdick Hall room 151, Mon - Fri 8am - 5pm. Outside of the aforementioned hours, packet and receipt can be given to the Building Manager on duty. Once purchased, sessions are non-refundable and non-transferable.

## III. Session Redemption

From the date of purchase, sessions must be redeemed as follows:

- 3, 5 and 8 session packages must be redeemed within two (2) months
- 10 and 15 session packages must be redeemed within five (5) months

Failure to redeem sessions within the allotted time period will result in the forfeit of any remaining sessions. In the event of an extended leave of absence or medical condition prohibiting physical activity (physician communication and/or documentation required), remaining sessions will be placed on hold. Correspondence regarding such events is to take place between the client, trainer and the Coordinator of Fitness & Wellness.

Group Packages must be carried out with both participants present. In the event that one member of the group wishes to waive one or more remaining sessions, thereby granting the remaining participant of the group to solely carry out/redeem the session(s) with the trainer, written consent must be sent to the Coordinator of Fitness & Wellness via e-mail prior to the selected session(s) being carried out. No refunds or exchange of sessions will be granted.

## IV. Code of Conduct

Towson University's Campus Recreation Services abides by the University's Student Code of Conduct regarding issues of harassment, inappropriate behavior, language, etc. Services may be discontinued at any time at the discretion of the Personal Trainer. Any problems, questions, or concerns regarding this matter can be directed to the Coordinator of Fitness & Wellness, 410-704-5360.

## V. Physician Referral

Any participant who is at risk for exercise must obtain a physician referral from either his/her physician or the Dowell Health Center prior to beginning training with his/her Personal Trainer. This is done for the safety of the participant. You will be notified if you need a physician referral.

## IV. Privacy/HIPAA

The health history and status information that is obtained during exercise testing will be treated as privileged and confidential as described in the Health Insurance Portability and Accountability Act of 1996. It is not to be released or revealed to any person except your referring physician without your written consent. However, the information obtained may be used for statistical analysis or scientific purposes with your right to privacy retained.

**I agree to abide by the Rules and Regulations set forth by this program.**

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Participant's Signature

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Date

