

# **ETSU CAMPUS RECREATION - PERSONAL TRAINING REGISTRATION PACKET**

*Please return this packet, with all 4 pages fully completed and signed to the CPA Member Services desk.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E #: \_\_\_\_\_

(Circle) My preferred method of contact is:      text                      e-mail                      phone call

(Circle) I am:    Student              Faculty/Staff              Spouse/Domestic Partner/Alumni              Dependent (16 & older)

(Circle from the table below) I am signing up for:

<b>Student</b>	
Fitness Assessment & Goal Setting Session	\$10
3 Sessions	\$65
6 Sessions	\$115
12 Sessions	\$215
<b>Faculty/Staff/SDPD</b>	
Fitness Assessment & Goal Setting Session	\$15
3 Sessions	\$75
6 Sessions	\$130
12 Sessions	\$240

All ETSU students and CPA members interested in purchasing a personal training package are required to also purchase and complete a Fitness Assessment & Goal Setting Session. After redeeming a Fitness Assessment & Goal Setting Session, patrons may purchase a 3, 6, or 12-session package. This registration packet must be filled out to purchase a Fitness Assessment & Goal Setting Session before purchasing a personal training package. All package fees are to be paid at the CPA Member Services desk with cash, check, credit/debit card or IDBUCS or online. Visit [campusrec.etsu.edu](http://campusrec.etsu.edu) to access the online payment link.

All PT sessions must be used within 6 months of purchase. Any remaining sessions after 6 months will be forfeited. Any cancellations without 24-hour notice will result in one session being charged.

All patrons choosing to continue personal training after an absence of greater than 12 months, will be required to purchase a Fitness Assessment & Goal Setting Session before beginning personal training.

**NOTE:** Upon submission of your registration packet, you will be contacted within 5 business days with next steps. If you have not been contacted within 5 business days, please email [fitness@etsu.edu](mailto:fitness@etsu.edu).

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)**

	Yes	No
1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?	_____	_____
2. Do you feel pain in your chest when you do physical activity?	_____	_____
3. In the past month, have you had chest pain when you were not doing physical activity?	_____	_____
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	_____	_____
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?	_____	_____
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	_____	_____
7. Do you know of <u>any other reason</u> why you should not do physical activity?	_____	_____

**MEDICAL HISTORY QUESTIONNAIRE (please use additional paper if necessary)**

1. When was the last time you had a physical examination?
2. List any medications you are taking, why, and the dosage level if known.
3. Has your doctor ever diagnosed you as having asthma, heart disease, stroke, diabetes, or epilepsy? Has anyone in your family been diagnosed with any of these conditions?
4. Have you ever had back problems, arthritis, or orthopedic problems?
5. Are you pregnant, or do you have any reason to believe you are?
6. Have you had surgery that will limit your exercise program? If yes, please explain.
7. (Circle) Do you have an at-risk cholesterol reading?      Yes                  No                  Not available
8. (Circle) Do you have an abnormal resting ECG?              Yes                  No                  Not available
9. How often do you consume alcoholic beverages?

- a) 0 times per week
- b) 1-2 times per week
- c) 2-3 times per week
- d) 3+ times per week

10. What is your current age? \_\_\_\_\_

11. Have you ever participated in a regular exercise routine? \_\_\_\_\_

12. How many days do you perform aerobic training weekly? \_\_\_\_\_ Resistance? \_\_\_\_\_

13. What is/are your primary reason(s)/goal(s) for participating in personal training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Doctor's clearance may be required to begin Personal Training sessions. \*\*\***

**TRAINING AVAILIBILITY**

**Per day, please list the times you are available to train.**

**Monday:** \_\_\_\_\_ **Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_ **Sunday:** \_\_\_\_\_

Please use this space to write anything else you would like your trainer to know:

## **Campus Recreation Agreement and Release of Liability**

1. In consideration of being allowed to participate in the activities and programs of East Tennessee State University Campus Recreation and to use its facilities, equipment and machinery, in addition to East Tennessee State University Campus Recreation payment of any fee or charge, I do hereby waive, release and forever discharge its directors, officers, agents, employees, representatives, successors, and assigns, administrators executors, and all others from any and all responsibilities or liability from injuries or damages resulting from any participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all those and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of connect with my participation in any activities of personal training at East Tennessee State University Campus Recreation or the use of any equipment at East Tennessee State University Campus Recreation.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_

2. I understand and am aware that strength and flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injuries or death.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any exercise/fitness activity or in the use of any equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have these recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_.

### **Express Assumption of Risk for Participation in Specified Activity**

The undersigned, hereby expressly and affirmatively state that I wish to participate in the Personal Training Program at East Tennessee State University Campus Recreation. I realize that my participation in this activity involves risk of injury, including but not to limited to soreness, muscular joint injury, abnormal blood pressure, fainting, disorders of heart beat, cardiac events and even the possibility of death. I also recognize that there are many other risks of injury, including serious disabling injuries, which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risk and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risk of injury, all other possible risk of injury and even death which could occur by reason of my participation.

I have the opportunity to ask questions. Any questions, which I have asked, have been answered to my complete satisfaction. I subjectively understand the risk of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to participate, assuming all the risk of injury or even death due to my participation.

\_\_\_\_\_  
PARTICIPANT PRINT NAME

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE