# 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**:

|  |  |
| --- | --- |
| **Student** | |
| Try Pack (Consultation + 2 Sessions) | $40 |
| 4 Sessions | $80 |
| 8 Sessions | $130 |
| **Faculty/Staff/SDPD** | |
| Try Pack (Consultation + 2 Sessions) | $50 |
| 4 Sessions | $95 |
| 8 Sessions | $155 |

All ETSU students, faculty/staff and retirees receive one complimentary 1-hour personal training consultation in a lifetime. Spouse, domestic partner, Alumni and dependent members are not eligible for the one complimentary consultation (but are eligible to purchase a training package). This form must be filled out for the one complimentary consultation or to purchase a personal training package. After the complimentary consultation, patrons may purchase one of the following packages. 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 to access the online payment link.

The complimentary consultation is a one-time only concession. All PT sessions must be used within a year of purchase. Any remaining sessions after 12 months will be forfeited. Any cancellations without 24 hour notice will result in one session being charged.

***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 and 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 any other reason 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

1. 3+ times per week
2. What is your current age? \_\_\_\_\_\_\_\_
3. Have you ever participated in a regular exercise routine?
4. How many days do you perform aerobic training weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resistance? \_\_\_\_\_\_\_\_\_\_\_
5. 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