

# Personal Training Registration Form

(Please Print)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_  
 \_\_\_\_\_ **Email:** \_\_\_\_\_

**Participant Status:**    **STUDENT / FACULTY / STAFF / SPOUSE / OTHER**  
 (Circle One)

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone numbers for contact:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**NOTE:** The following health history will assist your personal trainer in creating an exercise program most appropriate for your needs. Please answer honestly and be aware that all information will be kept confidential.

QUESTIONS:	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 ever had chest pain when you were not doing physical activity?		
4. Do you lose balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing medication for high blood pressure or a heart condition?		
7. Do you currently smoke?		

	<u>YES</u>	<u>NO</u>
<b>8. Do you have diabetes? If so, type I or type II?</b>		
<b>9. Has a physician ever told you or are you aware that you have high blood pressure ? (blood pressure &gt; 140/90mmHg)</b>		
<b>10. Have you had surgery in the past year? If yes, please explain.</b>		
<b>11. Are you currently taking any prescription medications or beta blockers? If so, please list each and the reason for taking it:</b>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><u>Medication(s)</u></div> <div style="text-align: center;"><u>Reason for taking</u></div> </div> <hr/> <hr/> <hr/>		
<b>12. Do you have emphysema, asthma, or any other lung disease? If so, please specify:</b>		
<b>13. Has a physician ever told you or are you aware that you have a high cholesterol level? (total serum cholesterol &gt; 200mg/dl)</b>		
<b>14. Have you ever experienced a stroke or a heart attack? If so, explain and give date of occurrence:</b> <hr/>		
<b>15. Has anyone in your immediate family (parents/brothers/sisters/) had a heart attack, stroke, or cardiovascular disease before the age of 55?</b>		
<b>16. Are you pregnant or trying to become pregnant?</b>		
<b>17. Known Allergies (food, drug, insects, etc.) Please list if any:</b>		
<b>18. Are you aware, through your own experience or the advice of a doctor, of any reason why you should consult with a doctor prior to beginning a new exercise program?</b>		

**Notes by SIRA Staff:**

## **MEDICAL RELEASE FOR TREATMENT**

I authorize the designated employees of Intramural & Recreational Activities to authorize on my behalf all appropriate medical treatment which may be required in the event of illness or injury to me resulting in any manner from participating in this University sponsored activity. This authority is intended to cover any illness or injury sustained while participating in any activity supervised by a personal trainer at Southwestern University.

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Date

Participant's Signature

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## **PERSONAL TRAINING GUIDELINES**

**Cancellations:** All cancellations and postponed sessions require 24 hours notice. In the event that the participant does not give 24 hours notice, he/she will be charged the full amount of the scheduled appointment. In the event that the trainer does not give 24 hours notice, the participant will receive a free session of the same value as the cancelled session.

**Promptness:** It is very important that the participant arrives on time for each scheduled appointment with a trainer. Tardiness will result in the normal length of the workout being shortened since the scheduled end of the session may be fixed due to schedule constraints of the trainer.

I have read, understood, and agree to the above guidelines.

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Date

Participant's Signature

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I, \_\_\_\_\_, understand that participation in this program is on a voluntary basis, and acknowledge that neither the University nor the Department of Intramural & Recreational Activities will accept responsibility for injuries sustained while participating in an exercise program supervised by a personal trainer. Every participant is strongly encouraged to carry his/her own insurance for any unforeseen accident(s). I, the participant (parent or guardian if a minor), have read and understand this statement and agree to notify the Department of Intramural & Recreational Activities if there is any change in my health during my participation in the program. Any information I have provided on this form is true, correct and complete to the best of my knowledge.

## **RELEASE OF LIABILITY**

I understand that parts of Intramural-Recreational activities may be physically demanding. I recognize the inherent risk of injury in Intramural-Recreational activities. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in any Intramural-Recreational activity. I agree to hold harmless Southwestern University, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in these physically demanding activities.

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Date

Participant's Signature

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