Fitness Training Registration Packet

STEP 1: Review personal training and/or small group training offerings.

STEP 2: Check (√) the program you would like to register for.

STEP 3: Complete the Participant Information sheet and answer the Health History questions.

STEP 4: Return completed packet to complete registration and pay for your training at SRC front desk.

STEP 5: When your registration packet is received, you will be contacted within 48 hours by a fitness staff member to either set up your personal training session or provide you with details for your small group training program.

Please attach participant receipt to packet.
All participants must complete packet prior to the start of the program.
PERSONAL TRAINING OPTIONS

HOW TO SIGN UP:
To schedule an appointment: email RecFit@uoregon.edu or leave a voicemail at 541.346.8670. You will be contacted within 48 hours by a staff member to select an appointment type, find a trainer that will suit your needs and schedule an appointment day and time. The fitness training registration packet must be completed and payment received before the first session.

*All fitness appointments must be scheduled and completed during the term of purchase.

PERSONAL TRAINING
Certified personal trainers will work with you to assess multiple health parameters, set measurable goals, and provide motivation and adherence to your own individualized workout plan. All new clients must begin with the initial training package of two sessions.

FITNESS ASSESSMENTS
Each session starts with: postural check, movement screens, resting heart rate, resting blood pressure, height, weight and body composition. Further tests are conducted based on personal goals and abilities. The trainer will work with you to determine appropriate fitness testing protocol.

A. Health-related fitness assessments focus on cardiorespiratory fitness, muscular endurance and strength, flexibility, and balance.

B. Skill-related assessments focus on anaerobic power, anaerobic capacity, speed, agility, reactivity and coordination.

Your results will be explained and program development ideas will be discussed based on the data. The assessment provides valuable physical information for the trainers to design personalized workouts based on your current movement patterns and fitness levels.

Body Composition
Your body is made up of water, fat, protein, carbohydrate and other various vitamins and minerals. Maintaining the recommended values of all of these factors is important for a long and healthy lifestyle. Meet with a personal trainer to have your body composition measured and discuss strategies to safely make changes to your results.
WEIGHT ROOM ORIENTATION
Schedule a FREE weight room orientation to learn how to properly operate our fitness equipment and navigate our facilities and programs. Staff will show you how to use cardio and strength machines, discuss area policies and familiarize you with UO Rec Fitness Programs.
- Recommended for new members, new exercisers and all new users of the SRC
- This is not a Personal Training session

Personal Training - Choose Your Package
To get you started, a trainer will work with you over two sessions. All new personal training clients are required to begin with the initial training package.

Please check (V) the format you wish to register for.

<table>
<thead>
<tr>
<th>Initial Training Package</th>
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</thead>
<tbody>
<tr>
<td>60 minute sessions - $45.00</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Session</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Session</td>
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After your initial training package, you can buy individual sessions to continue working with your trainer. Pay for this appointments at the SRC front desk and schedule sessions you’re your trainer. Packages and prices are listed below.

<table>
<thead>
<tr>
<th>One on One Training</th>
</tr>
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<tbody>
<tr>
<td>60 minute sessions</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>20</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Buddy Training (2-3 people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 minute sessions</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>
Individuals not looking for personal training, but wanting to complete a fitness assessment or body composition testing, please check (V) the service requested below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
<th># Sessions</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness Assessment</td>
<td>$25</td>
<td>1 session</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Body Composition</td>
<td>$15</td>
<td>1 session</td>
<td>15 minutes</td>
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</tbody>
</table>

**SMALL GROUP TRAINING**

HOW TO SIGN UP:
To reserve your spot: turn in completed registration packet for the small group training session of your choice to the SRC front desk; or email RecFit@uoregon.edu; or leave a voicemail at 541.346.8670. You will be contacted within 48 hours by a staff member to assist you in enrolling in the session of your choice. Reserve your spot before it’s too late!

SMALL GROUP TRAINING
With the coaching of a Personal Trainer, maximize your workout in a short time frame with other members to increase fun and adherence. Each term, Small Group Training workouts are scheduled in 4-week sequences (meeting twice a week for 45-minutes). Each format will be offered twice per term, as section 1 and 2 of their respected times. All sections of each format are $45.00 to participate. All fitness levels are welcome. Group sessions require a minimum of 2 participants and are based on the following fitness goals.

Each format will be offered twice per term, as sections. Specific format days and times are listed below the descriptions.
*A make up session will be scheduled for each section falling on Thursday November 28th, 2013, as the SRC is closed for Thanksgiving week. It will be dependent upon enrolled participants request.

Price: All Sections of Each Format are $45.00
☐ Section 1: Monday, Oct. 7th – Thursday, Oct. 31st
☐ Section 2: Monday, Nov. 4th – Wednesday, Nov. 27th
Please check (√) the format you wish to register for:

☐ Tabata: A new fitness format this is designed as four-minute intervals of high intensity training. This class will improve your cardiovascular endurance and full body strength.
- Tuesdays & Thursdays, 4:00-4:45 pm, SRC 47

☐ Conquer the Course: Individuals will race through, go over and under, pull and slide their way through a series of obstacle courses. The courses will be fun, while increasing strength, speed, flexibility, and functional fitness!
- Tuesdays & Thursdays 5:30-6:15 pm, SRC 47

☐ Olympic Lifting: Individuals will learn and practice the basics of the two Olympic lifts, the snatch and the clean and jerk. This is an opportunity to work on form and technique while increasing your explosive power. *4 participants max
- Tuesdays & Thursdays, 4:30-5:15 pm, Weight Room South

☐ TRX Suspension Training: Individuals of all levels will complete circuits of suspension exercises with body weight movements to improve every aspect of your abilities and activities.
- Tuesdays & Thursdays, 4:30-5:15 pm, Weight Room South

☐ Strength Training for Women: Many women think they want to tone their muscles; meaning they want to make them look better without making them bigger. Dispel the myths, understand the benefits and learn the principles of strength training while experiencing the most effective ways to reach your goals.
- Mondays & Wednesdays, 3:00-3:45 pm, Weight Room South

FREE PROGRAMS OFFERED THROUGHOUT THE FALL TERM 2013:

☐ Couch to 5K: Individuals looking for a fun walking or running group to begin a consistent aerobic training program, this group is for you! Fitness staff will create and lead two workouts each week to prepare individuals to complete the Healthy Oregon 5k Run with the Duck on Nov. 9th.
- Mondays and Sundays, 5:00-5:50 pm, from Oct. 9th – Nov. 6th.
- Meet in front of the fountain at the SRC
Commit to Fit: Compete against yourself in a variety of fitness challenges each week and earn prizes. Personal trainers will administer and track your fitness challenge results throughout the term. FREE to all SRC members.

Every Tuesday, Sept. 30 – Dec. 3rd, 4:00-5:00 pm in Weight Room South

Personal Training & Small Group Training Participant Information Sheet

Name: __________________________ Date: __________________________

Phone Number: __________________________ Email: __________________________

This questionnaire will be used to help your personal trainer prepare for your first meeting. Please fill out each section. You will have an opportunity to discuss each of these areas in more detail with your trainer when you meet in person.

Health Status Review

Please take a moment to complete the health history questions to verify that you will be ready to meet with your trainer. *If you answer YES to any of the questions, you must have a Physician’s Release form signed by your doctor prior to your first appointment. After reviewing your packet, a personal trainer will send you a Physician’s Release form if needed. Forms are also available by emailing RecFit@uoregon.edu.

Assess your health status by marking all statements with either Y (yes) or N (no).

<table>
<thead>
<tr>
<th>HISTORY</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have had:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Attack</td>
<td></td>
<td></td>
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<tr>
<td>Heart Surgery</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac Catheterization</td>
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<td></td>
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<tr>
<td>Coronary Angioplasty (PTCA)</td>
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<tr>
<td>Pacemaker/implantable cardiac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defibrillator/rhythm disturbances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Valve Disease</td>
<td></td>
<td></td>
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<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
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<tr>
<td>Heart Transplantation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital Heart Disease</td>
<td></td>
<td></td>
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<tr>
<td>Symptoms: You experience chest discomfort with exertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You experience unreasonable breathlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You experience dizziness, fainting, or blackouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You take heart medications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Health Issues

You have diabetes
You have asthma or other lung disease
You have concerns about the safety of exercise
You have musculoskeletal problems that limit your physical activity
You have burning or cramping sensation in your lower legs when walking short distances
You take prescription medication(s)
You are pregnant

*If you marked YES on any of the above statements, consult your physician before engaging in exercise.
Cardiovascular Risk Factors:

- You are a man older than 45 years
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- You smoke, or quit smoking within the previous 6 months
- Your blood pressure is > 140/90 mm Hg
- You take blood pressure medication
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week)
- You are >20 pound overweight

*If you marked two or more of the statements in this section, consult your physician before engaging in exercise.

Any other health related conditions, especially those made worse by exercise, not mentioned above that your trainer should be aware of when designing your program:

______________________________________________________

______________________________________________________

Health and Fitness Goals:
(What would you like to achieve through your personal training sessions?)

______________________________________________________

______________________________________________________

Current Exercise Status Check which apply:

- I currently exercise
- I do not regularly exercise, but would like to start.
- I used to be active, but am not anymore and would like to become active again.

If you currently exercise, list those activities in which you participate and how much time per week you spend doing each:

_____________________________________________________________________________

_____________________________________________________________________________

How long on this routine:________________________________________________________

List any exercise, sport, or recreational activity that you have participated in:

In the past 6 months:________________________________________________________________

In the past 5 years:_________________________________________________________________
Occupation:
______________________________________________________________________________

Would an exercise program interfere with your job? YES  NO

How would an exercise program benefit your job? _____________________________________

Preferred Activities
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other Concerns (Questions the trainer may be able to answer related to your health and fitness)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you ever been injured while exercising?  YES   NO
If YES, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are there any health issues or other concerns not listed you would like to discuss?   YES     NO
If YES, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The UO Rec Personal Training Policies & Procedures will be sent to you via email. Please be sure to review and direct questions to your trainer.

List specific times you prefer to meet with your trainer. We will do our best to match your preferences.

Availability:                                        Trainer Preference:
Monday ________________________                   (   ) No preference
Tuesday ________________________                   (   ) Male Trainer
Wednesday _______________________                  (   ) Female Trainer
Thursday ________________________                  Specific Trainer (name):
Friday ___________________________________________
Saturday __________________________________________
Sunday ____________________________________________

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