

CU Recreation Center

Congratulations on your decision to invest in yourself! Our qualified, nationally certified personal trainers will provide you with the right information and training to help you achieve your goals.

Before you get started with a personal trainer, please follow the instructions detailed in the checklist below.

CHECKLIST

- Purchase session(s) AND a fitness assessment at the Rec Center Cashiers Desk
 - *Fitness assessment is required for all NEW clients to help our trainers best assess your needs.
- Complete the attached forms and return along with your receipt:
 - Participant Information – *Please be as SPECIFIC as possible in the questions below. Our trainers have unique and specialized skillsets which we can pair with your needs most accurately if you provide plenty of details!*
 - Physical Activity Readiness Questionnaire (PAR-Q)
 - Physician's Release (if necessary based on answers to PAR-Q)
 - Policy/Guidelines
- Bring your receipt to the Wellness suite for your first meeting with your trainer.
- Your personal trainer will contact you within 2 business days to schedule your fitness assessment.
- Contact Sarah Granberry, Fitness Coordinator at: sarah.granberry@colorado.edu with any questions or concerns. The FitWell Office is also available to field questions at: (303) 492-5258 or fitwell@colorado.edu

We look forward to helping you achieve your fitness goals!



Participant Information

First Name _____ Last Name _____

Age _____ Cell Phone (_____) _____

Email _____ Emergency Contact _____

Preferred Method of Communication (*circle one*) phone text email

Preferred Location of Service (*circle one*) Rec Center WillVill

CU Affiliation: Faculty/Staff Student Alumni Retiree Spouse/Partner

Please indicate a time frame that you are available in the appropriate box.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list all prescription and non-prescription medications you are currently taking.

What is your occupation/work type?

Please list any past or current injuries.

How did you hear about personal training at the CU Rec Center?

Please indicate your current levels of satisfaction.

	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied	
	1	2	3	4	5	6	7	8	9	10
Current Weight										
Physical Activity Level										
Muscular Strength										
Cardiovascular Endurance										
Flexibility										
Nutrition and Eating Habits										
General Health and Lifestyle										

Please circle the activities you would consider “fun”.

- Walking Hiking Rowing Group Fitness Classes Strength Training Cycling
 Pilates Yoga Athletic Drills Jogging/Running Swimming Cardio Machines

Other activities you’re interested in? _____

PAR-Q & YOU

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you become more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

Ask whether you should change your physical activity plan.

Print Name: _____

Phone: _____

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

Personal Fitness Training Program Physician's Release

Please note this information will be kept confidential.

Dear Doctor:

Your patient _____ wishes to start a personalized training program through the CU Recreation Personal Fitness Training Program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the client can participate, but I urge caution because:

*My patient is taking medications that will affect heart rate response to exercise. The effects are indicated below:

Type of medication _____

Effect _____

Restrictions for exercise _____

The client should not engage in the following activities:

_____ I recommend that the client NOT participate.

Physician Signature: _____

Date: ____/____/____

Print Name: _____

Phone: _____



Personal Training Policies & Procedures

Thank you for purchasing a personal training session(s). Please be aware of the following policies:

- You must call your personal trainer at least 24 hours in advance to cancel or change a session. Any cancellation less than 24 hours will be charged as session used.
- There will be no refund given on unused sessions.
- Unused sessions cannot be transferred to another person.
- Training sessions expire 1 year from their original date of purchase.
- Please arrive at each training session in proper workout attire as specified by Rec Center policies.
- If your fitness assessment shows the presence of risk factors for various cardiovascular, pulmonary, and metabolic diseases that require special attention, you will be required to provide a physician's release prior to participation in purchased sessions.

Please sign acknowledging these policies and procedures.

Printed name: _____

Signature: _____

Date: _____



Pre-Fitness Assessment Instructions

1. Refrain from consuming food, alcohol, or caffeine or using tobacco products within 3 hours of testing.
2. Clothing should permit freedom of movement and include walking or running shoes, shorts, and a loose-fitting t-shirt. No tight spandex clothing; yoga pants, etc.
3. Continue your medication regimen as normal so that the exercise responses will be consistent with responses expected during exercise training.
4. Drink ample fluids over the 24-hour period preceding the fitness assessment to ensure normal hydration before testing.
5. Avoid significant exertion or exercise on the day of the assessment; you should be well rested for the assessment.
6. Get adequate amounts of sleep (6-8 hours) the night before the test.
7. Please notify the trainer if you have recently been ill. The test may need to be rescheduled.

If you have any additional questions regarding the fitness assessment, please contact the

FitWell office at (303) 492-5258.