



## Personal Training Information Packet

Personal trainers are available for students, faculty, staff and affiliates who have a valid Wellness Center Membership. Guidelines and rates are outlined below.

### *Scheduling*

Potential clients should fill out the Personal Training Information Packet found at the Wellness Office or online. Completed packets should be returned to Dean Bowen, SAC 225, Z=2800. If a physician's clearance is required, there may be a slight delay in the commencement of training.

A fitness assessment may be provided with the purchase of a Personal Training Package. This may include: blood pressure screening, resting and exercise heart rate, body composition analysis, muscular strength and endurance testing, flexibility testing and goal setting.

### *Client Cancellation Policy*

Clients who are unable to attend a scheduled session should call their trainer to cancel. In the event that the trainer cannot be reached, leave a message for the Manager of Fitness and Wellness at 631-632-7263 at least 24 hours in advance. If the client does not call at least 24 hours in advance, they will be charged for the scheduled session.

### *Lateness Policy*

Trainers are obligated to wait 15 minutes for their clients. After 15 minutes have passed, the trainer is not required to lead the session. Sessions starting late will still be completed one hour from the original, scheduled start time. Please communicate with your trainer.

### *Session Length*

Personal training sessions are one hour long.

### *Package Expiration*

All personal training sessions expire 3 months from the date of purchase.

### *Rates*

#### INDIVIDUAL PERSONAL TRAINING PACKAGES

|              | <u>Student</u> | <u>Faculty/Staff/Affiliate</u> |
|--------------|----------------|--------------------------------|
| 1 SESSION:   | \$40.00        | \$45.00                        |
| 5 SESSIONS:  | \$180.00       | \$205.00                       |
| 10 SESSIONS: | \$320.00       | \$370.00                       |

#### GROUP TRAINING PACKAGES

Do you and a friend share similar fitness goals? By teaming up with a friend, you'll save money and have a great workout partner! There is a maximum of two clients per trainer.

|              | <u>Student</u>  | <u>Faculty/Staff/Affiliate</u> |
|--------------|-----------------|--------------------------------|
| 1 SESSION:   | \$35.00/person  | \$40.00/person                 |
| 5 SESSIONS:  | \$140.00/person | \$165.00/person                |
| 10 SESSIONS: | \$260.00/person | \$310.00/person                |

Payments are only accepted in the Student Activities Center, Room 225. **All sessions must be paid for in advance.** No partial payments are accepted, cash or checks only. For additional information please call:

Dean Bowen, Manager of Fitness and Wellness (631) 632-7263



## Personal Training Interest Form

|   |                             |                      |   |
|---|-----------------------------|----------------------|---|
| <b>Name:</b> _____  | <b>Date:</b> _____          |                      |   |
| <b>Phone:</b> _____   | <b>Email Address:</b> _____ |                      |   |
| <b>Age:</b> _____   | <b>Height:</b> _____        | <b>Weight:</b> _____ | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>SBU Affiliation:</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Affiliate | <b>ID#</b> _____            |                      |   |

**How many times per week do you currently exercise?**

<1     1 - 2     3 - 4     5 - 6     6+

**Do you prefer a Male or Female Personal Trainer?**     Male     Female     No Preference

**What are you interested in (please check all that apply)?**

Fitness Evaluation     Program Design     Body Composition Analysis

1-on-1 Personal Training     Group Training (2 individuals to 1 trainer)

**How many sessions are you interested in?**     1 session     5 sessions     10 sessions

**How many sessions per week?** \_\_\_\_\_

**Availability (please check all that apply):**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Time(s): \_\_\_\_\_

**For Administrative Use Only:**

**Trainer Assigned:** \_\_\_\_\_    **Registration Date:** \_\_\_\_\_

Member     Cancellation Policy     HHQ     Medical Waiver     Liability/Informed Consent

**Amount Enclosed:** \_\_\_\_\_     Check # \_\_\_\_\_     Cash

*\*\*Please make check payable to "Campus Recreation"\*\*\**

# PAR Q & YOU

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 16 and 59, the Par-Q will tell you if you should check with your doctor before you start. If you are over 59 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

## YES/NO

1. Has your doctor ever said 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 are physically active?
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 have you ever lost consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity (i.e. chronic back pain, past surgeries)?
6. Is your doctor currently prescribing any drugs (i.e. for a blood pressure or heart condition) that may affect your ability to be physically active?
7. Do you know of any other reason why you should not do physical activity?

### **If you answered YES to ANY QUESTION**

Talk with your doctor by phone or in person before you start becoming much more physically active before you have a fitness appraisal. Tell your doctor about the PAR-Q and which question(s) 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 and have them complete the PHYSICIAN'S APPROVAL FORM.
- 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 you can:
- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to.
- Take part in a physical appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### **Delay becoming much more active if:**

- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better.
- If you are pregnant – talk to your doctor and have them complete the PHYSICIAN'S APPROVAL FORM before you start becoming 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.

**I have read, understood and completed the questionnaire.**

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

### **PHYSICIAN'S APPROVAL FORM**

\_\_\_\_\_ has medical approval to participate in fitness programs and in the use of the exercise equipment at various sites, including home or office, that may be provided by and/or recommended by the Personal Trainers, Campus Recreation, Stony Brook University.

The following restrictions apply (if none, so state):

\_\_\_\_\_  
Physician's signature  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Physician's name (please print)



## Liability/Informed Consent

*Please read the following Liability/Informed Consent Form. If you wish to proceed with your fitness assessment, personal training or exercise program please sign where indicated.*

A fitness assessment may include the following: a cardio respiratory endurance test, muscular strength and endurance test, flexibility test, and body composition assessment. The purpose is to evaluate your current fitness level and help measure your ability to perform physical work. We recommend that you consult with your physician before participating in these exercises.

With this assessment, we hope to determine what can be done to improve your physical condition. Although complications have been few during exercise testing, risks do exist. If a person exercising is not tolerating the experience well, it usually becomes apparent and the exercise will be stopped. You are urged to report any unusual symptoms during the fitness assessment, and may ask that the test be stopped at any time.

Mild lightheadedness and even fainting may occur. There is also a risk of cardiovascular complications, such as abnormal blood pressure, a heart attack or even death. Every effort has been made to minimize these risks by evaluating your health history form. If you have health conditions, please advise prior to the assessment.

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I, \_\_\_\_\_, have enrolled in a program of mild to strenuous physical activity including but not limited to cardiovascular training, weight training, and flexibility training offered by the Wellness Center. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. I further affirm that I have had ample opportunity to consult with a physician of my choice before participating in this program.

In consideration of my participation in the Wellness Center's exercise programs, I, \_\_\_\_\_ for myself, my heir and assigns, hereby release Stony Brook University, the State of New York, the State University of New York and the Wellness Center's employees from any claim, demands and cause of action arising from my participation in the Wellness Center's exercise program.

I fully understand that I may injure myself as a result of my participation in the Wellness Center's exercise program and I, \_\_\_\_\_, hereby release Stony Brook University, the State of New York, the State University of New York and the

Wellness Center from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, injuries to knee, lower back, foot and any other nausea, faintness, fatigue, illness, damage, soreness or injury however caused, occurring during, or after my participation in the exercise program.

My questions have been answered concerning the fitness assessment. I am aware that unforeseen complications may arise during these activities. I agree to assume full responsibility for my participation and hereby consent to participate.

I have read and understand the aforementioned statements.

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Print Name

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Signature

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Date

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Witness

**Please read the client policies below and initial where indicated.**

**Client Cancellation Policy**

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*Initial Here* \_\_\_\_\_

**Lateness Policy**

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*Initial Here* \_\_\_\_\_

**Package Expiration**

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*Initial Here* \_\_\_\_\_