

# Welcome to the ASU-Poly Personal Training Program

A personal trainer provides ASU students, staff, and faculty with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals. Trainers will design a tailored exercise program for each individual that reflects the client’s objectives, fitness level, and experience.

## Client/Personal Trainer Agreement

This agreement ensures that the role of the trainer to client and client to trainer is clearly appreciated and understood. **This agreement must be signed prior to beginning the training sessions.**

To keep this program running smoothly, we would like to outline the following **client responsibilities**:

1. The training fee must be paid (students receive the initial consultation and first 4 sessions free) when filling out the Personal Trainer Intake form. This entitles the client to one hour long (60 minute/50 minutes if a free session) training sessions, which will include exercise counseling and prescription.
2. Complete all forms in the packet provided and turn them into the Facility Supervisor at the PAC. Failure to do so may result in delayed initial consultation. **These completed forms will be used in establishing your baseline and are entirely confidential- as are all of your sessions.**
3. Be on time for meetings with your Personal Trainer. Typically each session is 60 minutes (50 minutes if free); however a more flexible length can be established. The time of sessions is to be agreed upon between the trainer and the client.
4. If the client is late, the session will only last until the end of the hour that the session was scheduled.
5. Any tardiness of more than ten minutes or absence without proper notification will result in the loss of the session.
6. If a session needs to be cancelled for any reason other than an emergency, a 48-hour notice must be given to the trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
7. You must abide by all Physical Activity Center & Aquatic Center rules and regulations.
8. No roll-over sessions or refunds will be granted, except for medical reasons, which must be endorsed by your physician.
9. It is recommended that you bring a towel and water bottle (NO GLASS BOTTLES) to every session.
10. If you have any questions feel free to contact the Fitness Coordinator at (480)-727-1972.

## TRAINER RESPONSIBILITIES:

1. A personal trainer provides ASU students, staff, and faculty with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals.
2. The trainer will design a safe, effective exercise program on an individual basis that reflects the client’s objectives, fitness level, and experience.
3. If the trainer is late for a session, that time is owed to the client at no additional charge.
4. Once you have purchased a personal training package, your trainer will contact you within the next 3 days either by phone or email.
5. The trainer will maintain an open line of communication throughout the course of service.
6. If there is a problem with a trainer’s customer service, the client should contact the Fitness Coordinator at (480)-727-1972.

By signing this agreement you indicate that YOU understand YOUR roles and will do your part to ensure the best results for the goals set.

Client’s Signature: \_\_\_\_\_  
Trainer’s Signature: \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

# ASU-Poly Personal Training Availability Form

Name \_\_\_\_\_ Best Phone Number \_\_\_\_\_

Best time to call \_\_\_\_\_

\*\*CHECK THE HOURS YOU CAN WORKOUT WITH YOUR TRAINER\*

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN
6:30am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
NOON							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00p							

# Questionnaire (Physical Activity Readiness PAR-Q) – Personal Training (ASU-Poly)

## To Be Completed by Patron

Name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Best Phone number: \_\_\_\_\_

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 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 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 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 that could be made worse by change in your physical activity?
- \_\_\_\_\_ \_\_\_\_\_ 6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
- \_\_\_\_\_ \_\_\_\_\_ 7. Do you know of any other reason why you should not do physical activity?

### If you answered "YES" to one or more questions

Talk to 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.*

### 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.*

### 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 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. Ask whether you should change your physical activity plan.

## Assumption of Risk, Indemnity, and Release

Activities \_\_\_\_\_

Dates of Activities: From \_\_\_\_\_ through \_\_\_\_\_ Participant's date of Birth \_\_\_\_\_

In this agreement, "ASU" mean Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents. As a condition of my being allowed to participate in the Activities, I agree to the following:

1. I agree to release and indemnify ASU and agree not to sue ASU for any illness or injury I sustain as a result of the Activities if the harm is not due to the fault or negligence of ASU.
2. I am aware of the risks involved in these Activities. I am aware that unanticipated and unexpected events may occur during the Activities, including during transportation to and from the destination (if applicable), that may result in injury.
3. I agree to assume the risk that unexpected events may occur and result in harm, illness and injury in connection with the Activities and related transportation, lodging, meals (if applicable).
4. It is my responsibility to obtain all necessary and prior permission or medical approval to participate in these Activities.

I UNDERSTAND THAT MY PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND IS NOT REQUIRED BY NOR WILL IT AFFECT MY EVALUATION OR GRADE FOR ANY CLASS AT ARIZONA STATE UNIVERSITY.

Participant's Signature: \_\_\_\_\_

Date this \_\_\_\_\_ day of \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**PAR-Q (page 2)**

Please answer the following questions to the best of your knowledge and as thoroughly as possible in order for us to better accommodate a training regimen to your personal needs.

1. Do you have any injuries, illnesses, and/or conditions that may inhibit or limit exercise? (E.g. lower back problems, knee problems, arthritis, vertigo, pregnancy)
  
2. What are you most interested (e.g.: what are your goals?)
  - o Cardiovascular conditioning
  - o Increase size
  - o Flexibility
  - o Functional training - improve activities of daily living
  - o Muscle strength and endurance
  - o Improve body composition
  
3. How many times a week can you realistically commit to your workout?  
 1      2      3      4      5      6      7  
  
 On what days?      Mon    Tue    Weds    Thurs    Fri    Sat    Sun  
 (no preference)
  
4. How much time do you realistically want to invest per training session? \_\_\_\_\_
  
5. What is your previous experience with:  
 Cardiovascular exercise: \_\_\_\_\_  
 Flexibility: \_\_\_\_\_  
 Resistance training: \_\_\_\_\_
  
6. How long has it been since you were last on a structured exercise routine? \_\_\_\_\_
  
7. **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Status** (circle): Student    Faculty    Staff    Other
  
8. **Person to Contact in Case of Emergency:**  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

<b><i>To be completed by Personal Trainer</i></b>	<b>PAC Personal Trainer's Name:</b> _____					
Date: _____	Physician Release Required	Y	N	Received	Y	N
Reviewed:						
Date: _____	Physician Release Required	Y	N	Received	Y	N
Date: _____	Physician Release Required	Y	N	Received	Y	N
Date: _____	Physician Release Required	Y	N	Received	Y	N

# Exercise History and Attitude Questionnaire (ASU-Poly)

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

*General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.*

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.

a) Characterize your present athletic ability.

1                      2                      3                      4                      5

b) When you exercise, how important is competition?

1                      2                      3                      4                      5

c) Characterize your present cardiovascular capacity.

1                      2                      3                      4                      5

d) Characterize your present muscular capacity.

1                      2                      3                      4                      5

e) Characterize your present flexibility capacity.

1                      2                      3                      4                      5

2. Were you a high school and/or college athlete?     YES                       NO

a. If yes, please specify: \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?     YES                       NO

a. If yes, please explain: \_\_\_\_\_

4. Do you start exercise programs but then find yourself unable to stick with them?

YES  NO

5. How much are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

6. What types of exercises interest you?

a.  Walking                       Jogging                       Swimming  
 b.  Cycling                       Dance exercise                       Strength training  
 c.  Stationary biking                       Rowing                       Racquetball  
 d.  Tennis                       Group exercise                       Stretching

7. Are you currently involved in regular endurance (cardiovascular) exercise?

YES     NO

If yes, what type of exercise(s) \_\_\_\_\_ minutes/day  
 \_\_\_\_\_ days/week

8. Rate your perception of the exertion of your exercise program (circle the number):

(1) Light    (2) Fairly light    (3) Somewhat hard    (4) Hard

9. How long have you been exercising regularly? \_\_\_\_\_ months    \_\_\_\_\_ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your work day?

- Yes       No

### Goal Setting

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will you set the goals that are appropriate for you in order to assure that you get the most out of each session. When choosing goals they should be **S.M.A.R.T.**

**Specific**-If your goal is weight loss; try to make it more specific. Try stating the amount of weight, the time frame, and the method of measurement (scale or body fat %).

**Measurable**- To truly evaluate improvements, the goal should be measurable. The way you look is not tangible, reliable measurable.

**Attainable**- Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that is safe and realistic.

**Relevant**- Goals should be pertinent to your interest, needs, and abilities.

**Time bound**- Set a timeline reaching your goal. Again be realistic.

12. Please rate your exercise goals using the following scale:

Extremely Important				Somewhat Important					Not at all Important
1	2	3	4	5	6	7	8	9	10

- a. Improve cardiovascular fitness \_\_\_\_\_
- b. Body-fat weight loss \_\_\_\_\_
- c. Reshape or tone my body \_\_\_\_\_
- d. Improve performance for a specific sport \_\_\_\_\_
- e. Improve moods and ability to cope with stress \_\_\_\_\_
- f. Improve flexibility \_\_\_\_\_
- g. Increase strength \_\_\_\_\_
- h. Increase energy level \_\_\_\_\_
- i. Enjoyment \_\_\_\_\_
- j. Other \_\_\_\_\_

13. Is there any specific goal(s) you'd like to work towards? \_\_\_\_\_