

Oregon State University Department of Recreational Sports
Fitness Services and Programs

Personal Training Registration Form

Name _____ ID # _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Cell _____
Email _____

Emergency Contact Name _____
Emergency Contact Phone _____

Were you referred? Yes No If yes, please list _____

Requested Trainer: _____

Cancellation Policy

Clients must notify their Personal Trainer and/or Recservices at least 24 hours in advance to reschedule an appointment. Cancellations and changes made less than 24 hours prior to the appointment and any missed appointments will be charged in full.

I have read and understand the conditions stated above.

Signature _____ Date _____

Office Use Only

Personal Trainer Name: _____

Session/Sessions purchased (**circle**): _____ # of Sessions purchased

Get Started

One-on-One

Partner

Small group

OSU Department of Recreational Sports Fitness Services

Par-Q

Please read each item carefully and mark YES or NO to any medical problem experienced in the last year. A Clinician's consent is needed for any condition marked YES. Please be assured that your answers will be treated with strict confidence.

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 engage in physical activity? |
| ___ | ___ | 3. In the past month, have you had chest pain when you were NOT engaging in 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 changing your physical activity? |
| ___ | ___ | 6. Is your doctor currently prescribing drugs for your blood pressure or 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:

- Your physician must complete our medical release form prior to your initial session with an OSU Recreation Personal Trainer.
- You may be able to participate in physical activity. With a medical doctor's approval, the safest approach is to begin slowly and gradually increase the intensity and duration of your exercises. Or, you may need to restrict your activities to those that are safest. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

No to ALL questions:

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

- Start becoming more physically active—begin slowly and build up gradually. This is the safest approach.
- Schedule your initial session with an OSU Recreational Sports Personal Trainer for a fitness assessment or to begin your exercise program **(without a medical doctor's clearance)*.

*OSU Department of Recreational Sports recommends that you consult your physician prior to beginning an exercise program.

I have read, understood and completed the questionnaire. Other than listed above, I have no knowledge of any physical disorder that might affect my enrollment and/or participation in an OSU Department of Recreational Sports fitness program.

Signature _____

Date _____

**OSU Department of Recreational Sports Fitness Services
Lifestyle Inventory**

General Information

Academic classification: ___ Freshman ___ Sophomore ___ Junior
 ___ Senior ___ Graduate ___ Faculty/staff ___ Other _____

Credit hours this semester: _____ Age: _____

Gender (circle): Male Female Height: _____ Weight: _____

How did you hear about our program? _____

Exercise History and Attitude Questionnaire

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS, ask for assistance at the desk.

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

a. Characterize your present cardiovascular capacity

1 2 3 4 5

b. Characterize your present muscular capacity

1 2 3 4 5

c. Characterize your present flexibility capacity

1 2 3 4 5

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

Yes No

3. How much time are you willing to devote to and exercise program?

_____ minutes/day _____ days/week

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

Yes No

If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

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

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

5. How long have you been exercising regularly?

_____ months _____ years

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

In the past 6 months? _____

In the past 5 years? _____

7. Can you exercise during your work/school day?

Yes No

8. Would an exercise program interfere with your school/job?

Yes No

9. What types of exercise interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Stair climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other activities |

10. Rank your goals in undertaking exercise:

Use the following scale to rate each goal separately:

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

- a. Improve cardiovascular fitness _____
- b. Lose weight/body fat _____
- 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. Feel better _____
- j. Enjoyment _____
- k. Social interaction _____
- l. Other _____

What do you want exercise to do for you?
