

Personal Training Client Application

The Student Life Center strives to provide exceptional fitness programming to promote health and wellness to our K-State Salina campus community. Personal trainers build programs encompassing physical activity, healthy eating, and overall wellness through one-on-one sessions. All fitness services available to K-State Salina students and Student Life Center members include individualized personal training programs and educational outreach presentations or workshops. All students and Student Life Center members have the option to use the Student Life Center's facilities on their own, or as part of an organized program. Our goal is to encourage wellness in our K-State Salina community. Questions or concerns regarding Personal Training may be directed to Lindsay Shupe, Programs Coordinator, by phone at (785) 380-3205 or email at lrshupe@ksu.edu

Personal Training Mission Statement:

K-State Salina personal trainers strive to develop/design an exercise program specifically for you for you to meet your individual goals and needs. *Results will vary according to each individual and are dependent on personal commitment and realistic goals.

Getting Started:

- Take time to reflect on personal wellness goals when filling out the training packet. If you have medical conditions that need to be addressed, please visit your doctor for their recommendations prior to your first training session and bring all pertinent documentation to the meeting with your trainer to highlight any issues that may warrant modifications in your customized training.
- Training package options and pricing can be found below or on the website (
- Purchasing packages may only be done at the Student Life Center front desk during facility hours of operation, which are posted in the chart below.
- Upon purchasing a suitable training package(s), a trainer will be assigned to you. Please allow up to a maximum of 5 business days for initial contact from your trainer. If there is a waiting list, you will receive an e-mail notification and/or phone call from the Program Coordinator.
- During the wait period, your trainer is chosen and that trainer reviews your exercise and medical history. This is done to address any potential safety hazards and mitigate those risks as much as possible according to your needs.

Policy:

Once training has started, if there are any stops in training for any reasons other than medical problems, a 90-day expiration from the first training session will be implemented. If the client does not return calls or e-mails to trainers during an extended period of no contact, there is a 90-day expiration of sessions from the date of first scheduled training session.

Student Life Center Personal Training Rates:

Fitness Assessment: Series of tests to evaluate the current level of fitness. Tests include resting heart rate, blood pressure, cardiovascular endurance, flexibility, and body composition	Members: \$20	Non-Members: \$32	All services are free to students.
Quick Start: The first session always consists of a fitness assessment and consultation. Second sessions are used for a 1-hour workout.	Members: \$30	Non-Members: \$40	
3 Personal Training Sessions 1-hour each	Members: \$75	Non-Members: \$120	
6 personal Training Sessions 1-hour each	Members: \$138	Non-Members: \$228	
12 personal Training Sessions 1-hour each	Members: \$252	Non-Members: \$432	
18 personal Training Sessions 1-hour each	Members: \$342	Non-members: \$612	

Hours of Operation:

Monday—Thursday	6:00am-10pm *doors lock at 9:30*
Friday	6:00am-9pm *doors lock at 8:30*
Saturday	9:00am-9:00pm *doors lock at 8:30*
Sunday	1:00pm-9:00pm *doors lock at 8:30*
Hours will vary during Academic breaks and in the Summer.	

Personal Information:

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

*The BEST way to contact you is: Phone _____ Email _____

Campus Affiliation (please circle one): Student _____ Faculty/Staff _____ Other _____

Preferred Training Specialty:
(Check all that apply)

- General Health & Fitness
- Weight Loss
- Muscle Building
- Strength Training
- Flexibility
- Speed / Agility
- Cardio / Endurance

Training Availability: (Note that limited availability may restrict client placement)

Number of sessions per week desired

Please specify the days and times you are available to train (specify AM or PM)

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Fitness Goals:

Overall Fitness Goals:

Six-Month Fitness Goals:

One-Month Fitness Goals:

What type of activities/exercises would you like to learn/perform during your training sessions?

How much time are you willing to devote outside of your scheduled training sessions?

Exercise History and Lifestyle Questionnaire:

Current Height: _____ Current Weight: _____

In the past six months, how often have you engaged in physical activity?

- | | |
|---|--|
| <input type="checkbox"/> Regularly (3 to 4 times / week) | <input type="checkbox"/> Sporadic (1 to 2 times / month) |
| <input type="checkbox"/> Semi-Regularly (1 to 2 times / week) | <input type="checkbox"/> None |

Do you possess any negative feeling toward, or had bad experiences with, physical activity programs including specific experiences at the Recreation Center?

- Yes If Yes, please explain: _____
- No

Circle the number that best corresponds to the response in which describes you for each of the following statements: (1= poor condition/ low interest, 5 = excellent condition/ high interest)

Importance of completion during exercise

1 2 3 4 5

Present cardiorespiratory (aerobic) fitness.

1 2 3 4 5

Present muscular fitness.

1 2 3 4 5

Present flexibility

1 2 3 4 5

Value extrinsic motivation during exercise

1 2 3 4 5

Do you start exercise programs but then find yourself unable to remain disciplined to finish?

- Yes If Yes, please explain _____
 No

Are you currently involved in regular cardiorespiratory (aerobic) activity?

- Yes If Yes, specify the type of exercise _____

Minutes per day _____ Days per week _____

- No If no, why did you stop or why do you not exercise currently _____

Rate what you feel is your level of exertion for your current exercise program:

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

What other exercises, sport or recreational activities have you participated in during the last six months? _____

What types of physical activity do you consider as "fun"? _____

10. Have you experienced soreness after a workout?

- Yes If Yes, please circle the number that best describes the experience.
(1) Pleasurable (2) Tolerable (3) Never want to experience it again!

- No

11. Do you experience chronic pain?
 Yes If Yes, please explain where _____
 No
12. On average, how many hours of sleep do you get per 24-hour period?
 9 - 10
 8
 7
 6 or less
13. Are you a cigarette smoker?
 Yes If Yes, how many per day? _____
How long have you been smoking? _____
 No
14. Did you previously smoke cigarettes?
 Yes If Yes, when did you quit? _____
 No
15. Do you drink alcoholic beverages?
 Yes If Yes, how many drinks per week? _____
How many drinks per day? _____
 No

For measuring purposes, each constitutes 1 drink:
12 fl. oz. = 5 fl. oz. = 1.5 fl. oz. of
regular beer table wine 0-proof spirits/
hard liquor

Please list any other considerations or information trainer should be aware of before getting started? (i.e. Medications, supplements, injuries, exercise or activities you cannot/will not perform, effective motivation techniques for you, etc.)

Nutrition Questionnaire:

1. Are you currently on a special diet? (i.e., vegetarian, low carb, high protein, etc.)
 Yes If Yes, please explain _____
 No
2. Are you currently taking any nutrition supplements or vitamins?
 Yes If yes, please list _____
 No

3. How many pieces of fresh or frozen vegetables do you eat each day? (Portion size based on ½ cup)

- More than 7
- 5 – 7
- 2 - 4
- 1 or less

4. Do you drink caffeine?

- Yes If yes, how many portions? (1 portion = 1 cup) _____
- No

5. How many pieces of frozen or fresh fruit do you eat daily? (Portion size based on ½ cup)

- More than 7
- 5 – 7
- 2 - 4
- 1 or less

6. Where do you eat most often?

- Home
- Fast Food (Wendy's, McDonald's Burger King, etc.)
- Sit-down Restaurants (Olive Garden, Hong Kong Buffet, Applebee's, etc.)
- Work
- Other _____

7. What are your favorite types of foods?

8. What sort of food do you find yourself craving?

9. How many glasses of water do you drink per day?

- 0 - 2
- 3 - 5
- 6 - 8
- 9 – 12

10. How many meals and/or snacks are you eating per day? _____

11. Do you feel that you eat healthy most of the time?

- Yes
- No If no, why not? _____

The Physical Activity Readiness Questionnaire – PAR-Q

(A Questionnaire for People Aged 15 to 69)

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

If you are planning to become more physically active than you are now, start by answering these seven questions from the list 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: **circle 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? |
| Yes | No | 2. Do you feel pain in your chest when you do physical activity? |
| Yes | No | 3. In the past month, have you had chest pain when you were not engaged in physical activity? |
| Yes | No | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| Yes | No | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| Yes | No | 6. Is your doctor currently prescribing drugs (e.g., water pills) for your blood pressure or heart condition? |
| Yes | No | 7. Do you know of any other reason why increased physical activity would be harmful to you? |

If you answered 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 that 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, you can be reasonably sure that you can:

- ✓ Start engaging in much more physical activity—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 level so you can best plan a way to live more actively.

Delay becoming much more active:

- ✓ 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 before engaging in increased activity.

Please note: If in doubt after completing this questionnaire, consult your physician prior to increasing your physical activity. If your health changes so that you then answer YES to any of the former questions, tell your fitness or health professional. Ask whether you should change your physical training plan.

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

Signature: _____ Date: _____

Medical/Health Status Questionnaire:

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever been told that you have a heart condition? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever had a heart attack? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever been told that you have high blood pressure? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever had a stroke? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever felt pain in your chest during exercise? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever felt pain in your chest when at rest? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever been told that you have high cholesterol? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has an immediate family member (parent or sibling) had a heart attack, stroke or cardiovascular disease before the age of 55? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you ever lost consciousness or lost your balance due to dizziness? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have emphysema? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have chronic bronchitis? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you pregnant? If Yes, what trimester are you in? _____ |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you currently smoke? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have diabetes? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you currently being treated for any bone, orthopedic or joint problem that could be aggravated with present physical activity? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been treated for any bone, joint, or orthopedic problem that could be aggravated with current physical activity? If yes, how many years ago did this happen? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you had a hernia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you suffer from seizures? |

Waiver/Release:

Before I meet with a K-State Salina personal trainer, take part in fitness testing, or engage in a training program, I certify that I have answered all health and fitness questions honestly to the best of my ability. I understand the importance of providing complete and accurate responses. I realize that my failure to do so could result in unnecessary injury to myself during fitness testing and/or other exercise programs. I verify that I have contacted/will contact my doctor prior to becoming more physically active as stated as a result of my health questions/condition responses and will provide/have provided a medical clearance form my doctor if necessary. I understand and am aware that strength, and aerobic exercise, including use of equipment, presents potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any risks of injury or death.

I do hereby release Kansas State University Salina, the State of Kansas, and their agents, officers, and employees from all and any liability, even if arising from their negligence, and agree to indemnify and hold these parties harmless for any accidents, injury, loss, or damage to property, and from any legal fees that I may ever have as a direct or indirect result of participating in Personal Training at the Student Life Center. This release, indemnification, and waiver shall be construed broadly to the maximum extent available under applicable law.

I understand these services are only refundable within the first 30 days of purchasing training, non-transferable, and expire 90 days from the first training session.

I also understand my information will be kept in the trainer's possession from time to time to allow them to personalize my workout sessions. After sessions are completed, my file will be filed in the Program Coordinator's office here at the Student Life Center.

Print Name: _____

Signature: _____

Date: _____

<p>FOR OFFICE USE ONLY Reviewed by Recreational Services Coordinator:</p> <p>_____</p>

Medical Release Form:

All males 45+ years of age and females 55+ years of age must have a medical release completed by their physician before a trainer will be assigned or an assessment will be performed.

Dear Doctor:

Your patient, _____, wishes to start a personalized fitness program with a personal trainer from Recreation Services at Kansas State University Salina.

The activity will involve but is not limited to: fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure.

If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication: _____

Effect: _____

Please identify any other recommendations or restrictions for your patient in this exercise program:

Thank you,

Lindsay Shupe
Program Coordinator
Phone: (785) 380-3205
Email: lrshupe@ksu.edu

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Print Name: _____

Signature: _____

Date: _____ Phone: _____