

# Personal Training Introduction and Policies

## **A Welcome Message from the Associate Director for Instruction and Fitness:**

UB Rec is pleased that you are interested in training with us and taking your fitness to a new level. Our goal is to educate our clients to exercise safely and effectively for life. Our certified personal trainers will work with you to develop a fitness program based on your goals and fitness level. As you travel down your fitness path, we will provide with knowledge, guidance, resources, and motivation you need to become comfortable and confident in any fitness environment.

This packet includes information on health history, exercise history, fitness goals, and client/trainer expectations. The packet should be completed in its entirety and returned to Member Services with your package selection and payment. This packet contains pertinent information that will help your trainer develop a customized program for you. Thus, it is important for all information to be accurate and questions answered honestly. All information is kept confidential.

You may keep this page (introduction and policies), the Personal Training Fitness Assessment description page, and a copy of the client/trainer agreement.

Sincerely,

Jessica Nyrop

Associate Director Instruction and Fitness

(716) 645-2534

[jenyrop@buffalo.edu](mailto:jenyrop@buffalo.edu)

## **Personal Training Policies**

- Personal training client must complete and submit all required forms with the registration fee prior to scheduling the first session.
- If you check "Yes" to any questions on the PAR-Q questionnaire, you must also return a Medical Release Form (completed by physician) prior to beginning training sessions.
- The Associate Director will assign a trainer to each client based on compatibility of client goals and trainer expertise. A participant may request a specific trainer on the PT registration form.
- For New clients, your FIRST session will consist of a Fitness Assessment.
- Returning clients do not need to complete an additional fitness assessment.
- The personal trainer and client will agree to complete purchased sessions. Sessions will be scheduled at a mutually convenient, agreed upon times. If mutually convenient times are not available, it is the client's responsibility to contact the Associate Director for personal trainer reassignment.
- If a client is unable to make scheduled sessions, the client must notify the personal trainer at least 24 hours in advance. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.

- UB Rec allows a 10-minute grace period for late arrival to a scheduled session. The personal trainer will only wait 10 minutes past the scheduled meeting time, unless the participant has alerted the trainer of the expected tardiness. The personal trainer may or may not be able to extend the training session to make up for the 10 minutes.
- Personal training packages should be used in full within the semester of purchase. If unused sessions at the conclusion of the semester, these sessions may roll over a be used only in the following semester at the discretion of the Associate Director.
- All clients must have current Rec Membership (student, community, faculty or staff). A UB Card or UB Rec Card will be required in order to enter the Fitness Center and PT Room. For membership rates related to personal training, please contact Associate Director.
- Participants must include payment when submitting the registration forms to Member Services.
- Personal training session must be used within the semester in which they were purchased. Full refunds are not available after sessions have begun; a 20% penalty will be applied to all refunds after start.
- Sessions are non-transferrable.

**Packages/1 hour sessions:**

Student:

1 Session \$35.00

5 sessions \$150.00

10 sessions \$270.00

*Faculty/Staff/Community:*

1 session \$50.00

5 sessions \$175.00

10 sessions \$320.00

The introductory session (for new clients) includes meeting the trainer, discussing your workout goals, completing a fitness assessment, having equipment orientation and completing any necessary paperwork. The following are included in your intro session:

Fitness assessments. Assessment initial fitness level is important part of every exercise program and are an excellent way to gauge your current fitness level. A fitness assessment measures height, weight, body composition, blood pressure, muscular strength, cardiovascular endurance and core strength.

### *Personal Trainer Fitness Assessment*

The fitness assessment is a helpful tool to determine a client's current fitness level. A fitness assessment is a series of tests in a relaxed, individualized setting that will identify the client's strengths and weaknesses so that a trainer and client will best be able to develop fitness plans.

*What you should know and how to prepare:*

- Wear proper fitting athletic clothing and shoes.
- Drink plenty of fluids over the 24-hour period preceding the testing to ensure normal hydration prior to the testing.
- Avoid heavy meals, tobacco, alcohol, caffeine for at least 3 hours before testing. It is helpful to have a small snack 30 minutes to 1 hour before the testing.
- Avoid heavy exercise or strenuous physical activity the day of the testing.
- Try to get adequate amount of sleep (6-8 hours) the night before testing.

A fitness assessment measures height, weight, body composition, blood pressure, muscular endurance, cardiovascular endurance and core strength. The specific tests will be:

1. Cardiovascular endurance test – some form of endurance exercise determined by client and trainer.
2. Push-up test
3. Core strength test

### **Ready to start? Here is what you need to do!**

1. Complete personal training packet (Personal Trainer Registration and Waiver, Physical Activity Readiness Questionnaire (PAR-Q and You, Health History Questionnaire, Exercise History and Goals, Personal Training Client/Trainer Agreement, Medical Release.)
2. Submit completed packet to 175 Alumni Arena, Member Services with payment.
3. Please allow three business days to be set up with personal trainer and for personal trainer to contact you regarding start date/time.
4. Start becoming and better version of YOU!

# Personal Trainer Registration and Waiver

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Training Package: (all packages include intro session/fit assessment and body comp)

## ***Packages/1 hour sessions:***

Student (must hold a valid student UB ID):

- 1 session \$35.00
- 5 sessions \$150.00
- 10 sessions \$270.00

Faculty/Staff/Community:

- 1 session \$50.00
- 5 sessions \$175.00
- 10 sessions \$320.00

Fitness Goals:

- Improve cardiovascular fitness
- Tone/reshape my body
- Decrease body fat
- Improve athletic ability
- Increase strength
- Improve flexibility
- Build lean muscle mass
- Decrease stress levels
- Improve mood

Trainer Request (name): \_\_\_\_\_

*Please print clearly:*

Name of Applicant \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation to you \_\_\_\_\_

Emergency Contact's Phone (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

**PARTICIPATION IN ANY ACTIVITY WITHIN RECREATION OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND HIS OR HER OWN RISK.**

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERISTY AT BUFFALO, the Board of Trustees, employees and representatives from any and all suits, claims, damages, cost, and expense of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.

I, the undersigned, forth agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse THE UNIVERISTY AT BUFFALO for all damages incurred through the misuse of any facility areas and /or equipment thereof. I also understand that the Recreation staff is not responsible for any lost, stolen or damaged personal belongings.

I, the undersigned have received the Personal Training Registration packet, policies and conduct of training sessions and understand that are limitations to my participation as outlined in the packet.

I, the undersigned, certify that the information on this form and packet is complete and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

To complete payment for package option, please complete appropriate paperwork, payment at Member Services (175 Alumni Arena).

## Physical Activity Questionnaire

To help us get an idea of how familiar you are with different exercises and activities.

1. How did you hear about our PT program?

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2. Have you ever performed resistance training exercises in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Movement against a resistance such as dumbbells, weight machines, bands, or bodyweight)

3. How often do you participate in physical activity?

\_\_\_ Never \_\_\_ 1-3 times/month \_\_\_ 1-2 times/wk. \_\_\_ 4-5 times/wk.

4. When doing physical activity, for how long do you remain active?

\_\_\_ NA \_\_\_ 20 Minutes \_\_\_ 30 Minutes \_\_\_ 1 Hour \_\_\_ > 1 Hour

5. At what intensity are you physically active? Choose your ability to talk during exercise.

\_\_\_ NA \_\_\_ Able to talk \_\_\_ Able to talk but not sing \_\_\_ Not able to say more than a few words.

6. Did you know that people who schedule activity are more likely to be active?

What time of day works for you to be active? \_\_\_\_\_

7. Did you know that people who are active with a partner are more likely to be consistently active?

Who is a potential workout partner for you? \_\_\_\_\_

Will you be willing to ask them to be active with you? Y / N

8. Did you know people who are active on a regular basis tend to be in touch with the “feel good” feelings immediately after activity?

How do you usually feel before physical activity? \_\_\_\_\_

How do you usually feel after easy or moderate physical activity? \_\_\_\_\_

9. **Daily Activity:** Moving daily can be very beneficial long term; small changes add up for both physical and psychological benefits. Which activities could you add this week without much effort?

*Which could you add within two weeks?*

\_\_\_\_\_ Park near the back lots  
\_\_\_\_\_ Walk to school/work/out  
\_\_\_\_\_ One active errand (no car)  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Stairs instead of elevators  
\_\_\_\_\_ Bike to school/work/out  
\_\_\_\_\_ Walk from one bus stop away

10. **Aerobic Exercise:** Moving for just 10 minutes at low to moderate intensity routinely can help improve sleep, mood, energy level, cognitive functioning, self-esteem, endurance, cardiovascular health, overall quality of life.

*Which activities do you currently enjoy?*

Walking                       Jogging                       Hiking                       Rowing  
 Cycling                       Dance/Zumba               Racquet sports             Frisbee  
 Stationary bike               Elliptical                     Yoga/Pilates  Competitive Sports  
 Stair climbing               Swimming                     Spin cycle                     Water Running  
 Other \_\_\_\_\_

*Which activities would you like to try?*

\_\_\_\_\_

11. **Resistance Training:** Activity that causes the muscles to contract against an external resistance such as dumbbells, bands or by use of your own body weight can lead to benefits in strength, posture, bone health, tone, and endurance.

*Which activities do you currently enjoy?*

Strength Training             Calisthenics                 Yard Work                     Yoga  
 Rock Climbing                 Core Workouts               Physical Work                 Cross Fit  
 Other \_\_\_\_\_

*Which activities would you like to try?*

\_\_\_\_\_

**12. People who identify potential barriers and possible alternatives/solutions before they are active are more likely to be successful.** Many of these “excuses” are only perceived. For example, most people say they do not have time to be active; in reality, their biggest barrier is their self-talk and their tendency to talk themselves out of exercising and not talking themselves into being active.

What is your biggest barrier? \_\_\_\_\_

What is one possible solution to this barrier? \_\_\_\_\_

**13. List in order your health and fitness objectives.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Examples

- Overcome hesitation with movement
- Learn how to use the machines/weights
- Make a connection with other people
- Find new fun activities
- See what the Recreation Center has to offer
- Gain more confidence
- Improve sleep
- Improve strength
- Improve flexibility
- Increase energy



## Health History Questionnaire

### Participant

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

Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

### Primary Health Care Provider

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

When were you last seen by a physician? \_\_\_\_\_

### Present/Past History

1. Have you had surgery within the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

2. Do you have any past or present orthopedic injuries? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you taking any medications (prescribed or not)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please List: \_\_\_\_\_

\_\_\_\_\_

4. Are you taking any supplements or vitamins? Yes \_\_\_\_\_ No \_\_\_\_\_

(examples: vitamins, minerals, herbs, enzymes, amino acids, organ tissue)

Please List: \_\_\_\_\_

\_\_\_\_\_

5. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

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6. Please check all conditions that you currently have or have had in the past.

- Heart attack       Diabetes       Stroke       Chest discomfort       Heart murmur  
 Trouble sleeping       Migraine or headache       Broken Bone       Shortness of breath  
 Anemia       Asthma       Epilepsy       Anxiety       Depression  
 Fatigue       Hernia       Arthritis       Limited range of motion       pain

Explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

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7. Which of the following areas would you like more information about? Check all that apply.

- Alcohol use       Drug use       Sexual health       Sexual Assault       Time management  
 Emotional health       Relationships       Body image       Stress management  
 Smoking cessation       Anxiety       Women's health       Men's health       Depression  
 Avoiding illness       Addiction       Family health history       Alternative providers  
 Sleep       Nutrition       Environmental health       Food Safety       Social Activities  
 Other \_\_\_\_\_

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would preclude safe participation in this exercise program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# PAR-Q & YOU

(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 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

**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 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.

## 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 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.

**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 \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



## Personal Training Client/Trainer Agreement

This agreement ensures that the relationship between the client and personal trainer is clearly appreciated, respected and understood. This agreement must be signed by both client/trainer prior to the beginning of training.

### Client Responsibilities

1. Personal training fees must be paid in full prior to scheduling the first session.
2. The client's personal training packet must be completed at the time of purchase. Failure to do so may result in delayed initial consultation and start of PT. All forms will be confidential to client and assigned personal trainer.
3. The personal trainer packet entitles the client to one hour long (60 minutes) training session(s), which will include exercise counseling and assessment.
4. If the client is late, the session will only last until the end of the hours that the session was scheduled. A courtesy phone call to the trainer is appreciated.
5. Eat something before your session, so that your body will have energy. Do NOT eat a major meal within 3 hours prior to your session (small snacks are ideal).
6. Arrive at least, 5 minutes prior to the scheduled session to prepare. Please be prompt to ensure a complete workout.
7. Cancellations must occur within 24 hours prior to your scheduled session. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
8. Client must abide by UB Recreation facility policies and guidelines. Be advised that policies may change, in which your personal trainer will inform you.
9. It is recommended that you bring water to each session.
10. If you have any questions, please contact the Associate Director for Instruction and Fitness at (716) 645-2534.

### Personal Trainer Responsibilities

1. Personal trainers provide Recreation Members with the motivation, education, guidance and individual instruction necessary to achieve their personal fitness goals.
2. Trainers will design a safe, effective exercise program that reflects the client's objectives, fitness level, and experience.
3. If the trainer is late, the client may decide to (a) reschedule the session, (b) continue with the scheduled session and the time owed is allotted to that client at no additional charge.
4. Once a personal training package/session is purchased and all forms have been completed and submitted, the Associate Director for Instruction and Fitness will review forms. If the participant is approved for personal training, the assigned personal trainer will contact the client within 2-3 days. If not approved, the participant will be contacted by UB Rec in 2-3 business days to discuss options.
5. The personal trainer will allow for an open line of communication throughout the course of the client/trainer relationship.
6. If you feel a personal trainer or other fitness staff does not provide a sufficient level of customer service, please contact the Associate Director for Instruction and Fitness at (716) 645-2534.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Personal Trainer Signature \_\_\_\_\_

Date \_\_\_\_\_



UB Recreation Services

175 Alumni Arena

Buffalo, NY 14260

(716) 645-2286

ubfitness@buffalo.edu

Medical Release

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ is interested in taking part in the University at Buffalo SUNY Recreation Personal Training Program. The pre-screening process will involve testing of body composition, cardiovascular endurance, muscular endurance, muscular strength and core strength. A certified personal trainer, qualified in assessment techniques, First Aid, CPR and AED, will administer all assessment.

Your patient has completed a physical activity readiness questionnaire and has demonstrated concern for medical clearance. By completing this form, you are signing that there are no medical reasons, which preclude your patient from participating in the UB Recreation Personal Training Program.

Please complete the following:

Please identify any recommendations or restriction that are appropriate for you patient in this exercise program:

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If you patient is taking medication that will affect his or her exercise capacity or hear-rate response to exercise, please indicate the manner of the effect (raises lower or has not effect on exercise capacity of heart-rate response.)

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Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

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\_\_\_\_\_ The applicant has my approval to begin an exercise program with the recommendations or restrictions stated above.

\_\_\_\_\_ I would NOT RECOMMEND that the applicant participate in an exercise program at this time.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Client's Printed Name \_\_\_\_\_