



Thank you for your interest in personal training services at UREC. The following programs are available for students, faculty and staff.

Total Package: All new personal training participants must begin with this package.

Fee: \$50

Service Includes

- Three sessions, approximately 3 hours
- Pre-assessment, lifestyle questions, goal setting, fitness assessment
- Fitness assessment results, exercise program design
- Two One-on-one training sessions with a personal trainer

Single Sessions: Available for purchase after completion of a total package

- Individual single session: \$25 for each 1 hour session
- Single session package: \$110 for 5 – 1 hour sessions

To begin the personal training process, please complete the health history questionnaire and the participant contact and availability form. Turn both forms in to the program registration desk at the welcome center. The fee for your personal training service should be paid at this time via FLEX. Please note that fees for personal training services are non-refundable. You will be contacted within 3-5 business days of submitting your paperwork.

Here are some tips to help prepare you for your first session with your trainer:

1. Think about what your fitness and health goals are, and come prepared with some of these in mind.
2. Come dressed to workout (shorts, t-shirt, sneakers).
3. Try not to eat a large meal 1.5-2 hours before your appointment. A light snack more than 30 minutes prior to your appointment is appropriate. Hydrate yourself continuously throughout the day, drinking plenty of water.
4. Please avoid caffeinated beverages for 2 hours before your appointment.
5. Feel free to bring a workout towel and water bottle with you to use during your training sessions.

We look forward to working with you to help you achieve your health and fitness goals. If you have any questions, feel free to contact Holly Bailey at 568-8712 or baileyha@jmu.edu.

University Recreation Health History Questionnaire



NAME _____ TODAY'S DATE _____

E-MAIL _____ TELEPHONE _____

BIRTH DATE _____ AGE _____ GENDER _____ WEIGHT _____ HEIGHT _____

1) Has a physician ever told you that you have had any of the following?

- | | | | |
|--------------------------|--|--------------------------|--------------|
| <input type="checkbox"/> | Coronary Heart Disease | <input type="checkbox"/> | Heart Attack |
| <input type="checkbox"/> | Rheumatic Disease | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | Congenital Heart Disease | <input type="checkbox"/> | Epilepsy |
| <input type="checkbox"/> | Irregular Heartbeats | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Heart Valve Problems | <input type="checkbox"/> | Angina |
| <input type="checkbox"/> | Heart Murmurs | <input type="checkbox"/> | Cancer |
| <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Arthritis |
| <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> | Obesity |
| <input type="checkbox"/> | Lung Disease (Asthma, Emphysema, etc.) | | |
| <input type="checkbox"/> | Other | | |

Please explain: _____

2) Has anyone in your family (mother, father, siblings, and/or grandparents) experienced any of the above conditions?

NO YES

3) Do you ever experience any of the following?

- Chest Pain/Discomfort
- Shortness of Breath
- Heart Palpitations
- Back Pain
- Joint, Tendon, or Muscular Pain
- Orthopedic Problems

If yes, please explain: _____

4) Please list any medications that you are currently taking (name & reason): _____

*** OVER ***

Office Use Only
 Appt Date _____ Appt Time _____ Payment Date _____ Amount Pd _____ WC Initials _____
 Service Requested (please circle): FA NA TP

- 5) Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)?
____NO ____YES
If yes, please explain: _____

- 6) Are you pregnant? ____NO ____YES
- 7) Do you smoke? ____NO ____YES
____ Cigarettes per day
____ Pipes per day
____ Cigars per day
Do you use smokeless tobacco? ____NO ____YES
- 8) Have you had your cholesterol measured in the last year?
____NO ____YES
If yes, what was the value? _____
- 9) Do you drink alcoholic beverages at all? ____NO ____YES
If yes, how many drinks per week? _____
- 10) Do you eat a variety from the major food groups (meats, fruits, vegetables, grains, milk)?
____NO ____YES
- 11) Is your diet high in saturated fat (milk products, cheese, meats, fried foods, desserts)?
____NO ____YES
- 12) Check the description that best represents the amount of stress you experience on a daily basis.
____ No stress
____ Occasional mild stress
____ Frequent moderate stress
____ Frequent high stress
____ Constant high stress
- 13) Have you had a recent weight loss or gain? If so, how much? _____
- 14) Please describe your current exercise program. List type of activity, number of sessions per week, time per sessions and intensity level:

- 15) List any areas for which you would like additional information:

- 16) Would you be interested in a nutrition analysis in conjunction with your personal training? ____ NO ____ YES

University Recreation Personal Training
Participant Contact and Scheduling Information

Date & time paperwork filled out and turned in: _____

Name _____ ID # _____

E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address _____

Circle: Student Faculty Staff Spouse

Academic Year – Circle: 1 2 3 4 5 Grad Graduation Date: _____

Participant Availability – What days/time of the week would you prefer to have your personal training sessions?

Mon _____ Tue _____
Wed _____ Thurs _____
Fri _____ Weekends _____

What are some of your fitness/health goals that you would like to achieve and in what time frame?

We are pleased that you have planned to experience our Personal Training Program. Your trainer will contact you within 3-5 business days of submitting your paperwork. The phone numbers listed above should be those where our staff may reach you. Thank you for your commitment to your personal well-being.