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
  - 2 one-on-one training sessions with a personal trainer

**Single Sessions:** One-hour sessions available for purchase after completion of total package

- 1 session: $30
- 3 sessions: $70
- 6 sessions: $130
- 9 sessions: $180
- 12 sessions: $220

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 reception desk in the UREC Wellness 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 and all training sessions will expire six months after purchase date. 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 work out (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 Stephanie Goetz at 568-8733 or goetzse@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?
   ____ Coronary Heart Disease  ____ Heart Attack
   ____ Rheumatic Disease  ____ Stroke
   ____ Congenital Heart Disease  ____ Epilepsy
   ____ Irregular Heartbeats  ____ Diabetes
   ____ Heart Valve Problems  ____ Angina
   ____ Heart Murmurs  ____ Cancer
   ____ High Blood Pressure  ____ Arthritis
   ____ High Cholesterol  ____ Obesity
   ____ Lung Disease (Asthma, Emphysema, etc.)
   ____ Other

Please explain: ____________________________________________________
__________________________________________________________________

2) Has anyone in your immediate family (mother, father, siblings, 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): ______
   ___________________________________________________________________
   ___________________________________________________________________

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 for an additional $30?  ____ 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 ___________________________

Do you have a preference for your Personal Trainer?
________________________________________________________________________
________________________________________________________________________

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.