



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.