

S H E P H E R D U N I V E R S I T Y

*Wellness
Center*

**ATHLETIC
PERFORMANCE
TRAINING**

Revised: 9/23/16

Shepherd
UNIVERSITY

What is Athletic Performance Training?

Athletic performance training is a program designed to make an athlete ELITE among the competition. Every athlete will be evaluated and prescribed a comprehensive training program based on his or her goals. Athletes will be able to see measurable results with their training. Programs include exercises and drills to develop strength and conditioning, power, speed and agility, mobility, and flexibility while using injury prevention techniques.

Why should I hire an Athletic Performance Trainer?

- Individualized Programming: Trainers will develop a sport specific comprehensive program to help each athlete reach their individual performance goals.
- Testing and Assessments: Each athlete will be given sport specific testing which yields measurable results. The athlete will also be given mobility and movement assessments to perfect their performance.
- Expertise: The athletic performance staff at our facility is nationally certified. They have countless hours of training and sports playing experience on all levels.

What is included in a session?

The first meeting is devoted to assessing fitness level, body measurements, exercise and health history, and setting your goals. Please note that the documents required, provided by your trainer, are an absolute necessity to ensure that we create the safest and most effective program for you. Every session is an hour long and will begin with a proper dynamic warm-up which will include mobility movements for injury prevention. Based on the results of the assessment and the athlete's goals, the athlete will be given a sport specific program including strength and conditioning, power, and advanced speed and agility exercises and drills. Concluding each session the athlete will be given proper flexibility and recovery techniques to optimize performance.

Packages and Prices

Athletic Performance Training Rates:

Athletic Performance trainers are experienced personal trainers who hold a degree in Exercise/Fitness Science and/ or are certified through a nationally recognized organization.

Packages*

Members

3 (60 min.) sessions- \$120

6 (60 min.) sessions- \$215

12 (60 min.) sessions- \$385

*All Athletic Performance Training packages must be paid in full and include a complimentary consultation (fitness assessment, body composition assessment, and goal setting). All packages expire 1 year from the date of purchase.

Team Performance Training Rates:

Share the experience-and the cost with your team. Minimum of 3 people are required to participate in team performance training. Everyone must sign up as a team at the front desk or online. Each participant must complete the Athletic Performance Training paperwork prior to the session.

1 (60 min.) session*- \$20 per person

*Team Athletic Performance Training Sessions do not include a comprehensive assessment but may be purchased individually for \$45.00.

How Do I Sign Up?

Turn in this packet with the completed forms to the Member Services Desk. You will be contacted within 72 hours by the Group Exercise/Personal Training and Wellness Coordinator or a certified personal trainer to set up your assessment.

Payment Process

All payments must be made in advance for all services or before the first session of a package. Payment must be made by cash, credit, or check at the Member Services Desk.

Refund Policy

All sessions are non-refundable and non-transferable.

Cancellation Policy

- If a client cancels less than 24 hours in advance of a training session or does not show, he/she will be charged for a session and not reimbursed.
- If a client cancels less than 24 hours in advance of a free consultation appointment, or does not show, he/she will forfeit his/her free consultation and will need to pay the consultation fee to make another appointment.
- If a trainer cancels less than 24 hours in advance of a scheduled appointment or fails to show without providing a suitable substitute, the trainer will provide a free session in addition to the make-up session.

For questions and/or additional information, please contact:

Jennifer Seeley

Group Exercise/ Personal Training and Wellness Coordinator

E-mail: jseeley@shepherd.edu

Office: 304-876-5471

General Information and Health History Form

Name: _____

Date: _____

Address: _____

Phone Numbers (please indicate preferred contact number or times to call):

(If under 18, please provide primary caregiver contact information)

Mobile: _____

Home: _____

Work: _____

Other: _____

E-mail: _____

Age: _____ Birthday: _____

Emergency Contact: _____

Telephone: _____

Do you now have, or have you had in the past:

- History of heart problems, chest pain, or stroke* _____
- Increased blood pressure.* _____
- Any chronic illness or condition.* _____
- Difficulty with physical exercise* _____
- Advice from a physician not to exercise* _____
- Recent surgery (past 12 months)* _____
- History of breathing or lung problems* _____
- Muscle, joint, or back problems, or any previous injury still affecting you* _____
- Diabetes or thyroid condition* _____
- Cigarette smoking habit* _____
- More than 20% over ideal weight* _____
- History of heart problems in immediate family* _____
- Hernia, or any condition that may be aggravated by weight lifting* _____

Signature: _____

Parent/Gaurdian (under 18) Name Print & Signature: _____

PAR Q & YOU

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise. Completing PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions.

Please read them carefully and circle YES or NO for each question.

1. Has your physician ever said that you have heart trouble?	YES	NO
2. Do you frequently have pains in your heart and chest?	YES	NO
3. Do you often feel faint or have spells of severe dizziness?	YES	NO
4. Has a physician ever said your blood pressure was too high?	YES	NO
5. Has your physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?	YES	NO
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	YES	NO
7. Are you over age 65 and not accustomed to vigorous exercise?	YES	NO

IF YOU ANSWERED "YES" TO ONE OR MORE QUESTIONS:

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity or taking a fitness test. Tell him or her what questions you answered YES on your PAR-Q or show your copy. After medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity, probably on a gradually increasing basis
- Restricted or supervised activity to meet your specific needs at least on an initial basis

IF YOU ANSWERED "NO" TO ALL QUESTIONS

If you answered PAR-Q accurately, you have reasonable assurance that you are suited for:

- A GRADUATED EXERCISE PROGRAM – A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- AN EXERCISE TEST – Simple tests of fitness or more complex types may be undertaken if you so desire.

If you have a temporary minor illness, such as a common cold, or you are pregnant, vigorous exercise or exercise testing should be postponed.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I understand that if I do not consult with a physician, as recommended from my answers on the PAR -Q, that I am releasing the Shepherd University Wellness Center and its staff, faculty, instructors, and trainers from any responsibility or liability for injury that may occur while a participant in all of the Wellness Center's programs.

Name _____ Date _____

PHYSICIAN FORM

This is to be completed if you marked "yes" to one or more questions on the PAR-Q. Please have your physician fill out this form prior to the start of your personal training session.

I, (Doctor's name) _____ give my medical approval to,

(Prospective trainee) _____,

so he or she may participate in a fitness program at the Shepherd University Wellness Center.

The following restrictions should be taken into consideration and recommendations:

Physician's signature _____ Date _____

Physician's name _____

Street Address _____

City/State/Zip _____

Phone number _____

Form can be faxed back to the attention of Jennifer Seeley/ Shepherd University Wellness Center at 304-876-3110

EXERCISE HISTORY FORM

General Instructions: Please fill out this form as completely as possible. If you have any questions, Do NOT GUESS: ask a staff member for assistance.

Name: _____

D.O.B: _____ Age: _____ Height: _____ Weight: _____

Please complete the following questions:

Sport(s): _____

Position(s): _____

School/ Team(s): _____

What sport specific aspects of your game would you like to see improve after completing this training program?:

What are your athletic career goals (Varsity, College, Pro, etc.)?: OPTIONAL FOR YOUTH/ MIDDLE SCHOOL

- Are you currently involved in team training? _____ Yes _____ No
- If yes, specify duration _____ Minutes a Day, _____ Days/Week

More Specifically:

- Are you currently involved in regular cardiovascular exercise? _____ Yes _____ No
- If yes, specify the type of exercise(s) _____ Minutes a Day, _____ Days/ Week
- Are you currently involved in regular strength training exercise? _____ Yes _____ No
- If yes, specify the type of exercise: _____ Machines _____ Free Weights _____ Days/Week
- Have you ever used Free Weights? _____ Yes _____ No Weight Machines? _____ Yes _____ No
- How much are you willing to devote to an exercise program? _____ Minutes a Day, _____ Days/Week
- Day(s) most convenient are (circle): Monday Tuesday Wednesday Thursday Friday

CONSENT & RELEASE LIABILITY FORM

1. The exercise sessions you will become involved with will consist of progressive exercise levels that will be determined and regulated by your trainer. The exercise sessions will consist of aerobic and weight training as well as education and instruction. These exercises are designed to place gradually increasing stress on the body to improve its function, although no guarantee can be made.

Parent and Participant

Initial _____ | _____

2. I am aware that all activities are offered as recreational or self directed in nature and I have the right and choice to stop activity at any time. I also assume full responsibility during and after my participation for any risk, discomfort or fatigue that I may experience. I understand that exercise and cardiovascular activity and the response of my body to such activity cannot be predicted. I acknowledge my responsibility and obligation to inform my trainer of any pain, discomfort, fatigue or any other symptoms that I may suffer. It is my choice to participate in the training program. I also understand that not all staff members are licensed, certified, or registered instructors and that skill level may vary. I accept assumption of all the risk that may imply as my own.

Initial _____ | _____

3. The information made or gathered during the training sessions is treated as confidential. However, it may be used for statistical purposes as long as my privacy is not compromised.

Initial _____ | _____

4. I understand that I may ask questions or request further information about any of the activities, programs, or services offered by my Shepherd University Wellness Center trainer at any time. It is my choice to participate in the programs offered and may withdrawal from participation as I wish.

Initial _____ | _____

I have read and consent to the above information and wish to participate in an exercise program with my personal trainer from the Shepherd University Wellness Center.

Signature

Date

Parent or Legal Guardian (Participants Under 18)

Date