

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

*Wellness  
Center*

**PERSONAL TRAINING  
PACKET**

**Revised: 9/23/16**

Shepherd  
UNIVERSITY

# Packages and Prices

## **Advanced Trainer Rates:**

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

1 (60 min.) Session- \$45 (includes Assessment, Equipment Orientation, and Goal Setting)

## **Packages\***

Members

6 (30 min.) sessions- \$120

12 (30 min.) sessions- \$215

24 (30 min.) sessions- \$385

Student Personal Training

6 (30 min.) sessions- \$95

12 (30 min.) sessions- \$165

24 (30 min.) sessions- \$300

The first meeting is devoted to assessing fitness levels, 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. Your trainer will create a program based on your goals, each lasting 30 minutes\*. You will be responsible for warming-up independently 5-10 minutes prior to your session. A cardio plan will be developed for you to be completed outside of your session with your trainer.

\* 30 minute sessions can be combined for a longer workout per client/trainer agreement.

## **Buddy Training Rates:**

*Share the experience-and the cost with a friend. Buddy up with one of your pals, co-worker, or spouse with similar goals, and complete your training sessions together as a pair. This is a great way to have fun, stay motivated, and be held accountable.*

1 (60 min.) session- \$68.00 (includes Assessment, Equipment Orientation, and Goal Setting)

## **Packages\***

Members

6 (30 min.) sessions- \$180

12 (30 min.) sessions- \$323

24 (30 min.) sessions- \$578

## **Packages\***

Group Personal Training \*Must have 3-5 people

1 (60 min.) session- \$20

\*All Personal Fitness Training packages must be paid in full and include a complimentary consultation (fitness assessment, body composition assessment, and goal setting).

Training sessions can be combined for longer duration per agreement between the client and trainer.

*The package you purchase will determine the time frame in which you have to complete your sessions.*

6 session package- 1 year

12 session package- 1 year

24 sessions- 1 year

***Extension on training sessions must be approved by the GE/PT and Wellness Coordinator.***

# ***FITT KIT INFORMATION***

- Includes a comprehensive assessment\* using the following tests on our Microfit System:
  - Blood pressure/ Heart Rate
  - Height/Weight
  - BMI
  - Body Fat %
  - Waist-to-Hip Ratio
  - Aerobic Capacity- bike test or step test
  - Biceps Strength
  - Muscle endurance tests:
    - Max push-ups
    - Max cadence curl-ups
  - Back Flexibility
- Following the assessment, the remaining time will be used for a training session

## **Who's Eligible?**

- All current members at least 16 years of age
- Limit 1 FITT KITT per member annually
- Nontransferable

A couple of things to do prior to your FITT KIT:

- Complete your paperwork (to be handed to your trainer on the day of your appointment)
  - If you have any of the following conditions or symptoms, the physician's release form will be required:
    - Cardiovascular Disease: CAD, PVD, CVA
    - Pulmonary Disease: COPD, CRPD, Asthma
    - Metabolic Disease: NIDDM, IDDM, Renal Failure
    - Chest pain/ angina equivalents
    - Ankle edema
    - Dizziness/syncope
    - Dyspnea at rest or with mild exertion
    - Palpitations
    - Intermittent claudication
    - Known heart murmur

- Unusual fatigue or dyspnea with usual activities
  - Drink plenty of fluids during the 24hour period before your testing
  - Refrain from eating, smoking, and drinking alcohol or caffeine for 3 hr prior to testing
  - Do not engage in strenuous physical activity the day of our session
  - Get adequate sleep (6-8 hr) the night before we meet
  - Please come dressed in workout attire (full sleeve t-shirt, pants/shorts, and sneakers)
- \* Fitness testing determined on health history questionnaire and customer preference.

## **Client Services Policies**

- Sessions must be booked more than forty eight (48) hours in advanced and within a sixty (60) day timeframe.
- All appointments will be booked by the client through the registration desk (304-876-5300) or through the Wellness Center online system.
- Service series sales must be purchased prior to the booking of the service and will expire one year from purchase if not redeemed.
- Please arrive to appointments ready as services will begin and end promptly at the designated time.
- In the event of facility closure for any reason, the makeup appointment will be rescheduled at the staff's & clients earliest convenience.
- If a client cancels less than 24 hours in advance of a training session or does not show, he/she may 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 may forfeit his/her free consultation and may need to pay the consultation fee to make another appointment.
- All cancellations should be directed to the Wellness Center registration desk at 304-876-5300 or 304-876-5045 as soon as possible. If outside of our business hours, please e-mail Nick Mummert for swim lessons (NMummert@shepherd.edu) or Jennifer Seeley for personal training (JSeeley@shepherd.edu).

## **Personal Training Specific Policies**

- All new clients must be booked for a FITT KIT prior to purchasing training sessions.
- Must have all documentation (provided by the registration desk or available on our website) completed prior to engaging in any physical activity with a trainer.
- Every package purchased includes a complementary reassessment session that will be scheduled at the end of your package. Complementary reassessment cannot be used as a personal training session.

## General Information and Health History Form

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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* \_\_\_\_\_

List any medications or drugs that you take: \_\_\_\_\_

\_\_\_\_\_

Additional comments, or information your trainer should know: \_\_\_\_\_

\_\_\_\_\_

I have read and agree to adhere to the Shepherd University Client Service policies.

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 it's 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 \_\_\_\_\_



**7. Are you currently involved in regular strength training exercise?**  Yes  No

If yes, specify the type of exercise:  Machines  Free Weights  Days/week

**8. Have you ever used Free Weights?**  Yes  No **Weight Machines?**  Yes  No

I prefer to exercise:  on Weight Machines  with Free Weights  Both

**9. How long have you been exercising regularly?** \_\_\_\_\_ Months \_\_\_\_\_ Years

**10. What other exercise, sport or recreational activities have you participated in?**

In the past 6 months: \_\_\_\_\_

In the past 5 years: \_\_\_\_\_

**11. Would an exercise program benefit your job?**  Yes  No

**12. What types of exercise programs interest you?**

<input type="checkbox"/> Walking	<input type="checkbox"/> Jogging/Running	<input type="checkbox"/> Swimming	<input type="checkbox"/> Boxing
<input type="checkbox"/> Cycling	<input type="checkbox"/> Aerobic Classes	<input type="checkbox"/> Weight Machines	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Stretching	<input type="checkbox"/> Racquet Sports	<input type="checkbox"/> Free Weights	_____
<input type="checkbox"/> Rowing	<input type="checkbox"/> Stationary Bike	<input type="checkbox"/> Treadmill	_____

**13. What are your fitness goals?**

<input type="checkbox"/> Fat/Weight Loss	<input type="checkbox"/> Muscular Strength	<input type="checkbox"/> Muscular Endurance
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Tone/Firm Muscles	<input type="checkbox"/> Increase Muscle Mass
<input type="checkbox"/> Flexibility	<input type="checkbox"/> Reshape Body	<input type="checkbox"/> Reduce Stress
<input type="checkbox"/> Improve Disability	<input type="checkbox"/> Reduce Risk Factors	<input type="checkbox"/> Sport Specific

**14. Do you start exercise programs but then find yourself unable to stick with them?**

Yes  No

If yes, why?  Time  Bored Other: \_\_\_\_\_

**15. How much are you willing to devote to an exercise program?** \_\_\_ Minutes a Day, \_\_\_ Day a Week

Day(s) most convenient are (circle): Monday Tuesday Wednesday Thursday Friday

**STAFF USE ONLY ( Write Type of Program Here)**

## 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.

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 private personal trainer from the Shepherd University Wellness Center.**

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Signature

Date

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Trainer

Date