



Personal Training Client Registration

- Confidential -

Staff use only:

Client Name: _____
Staff Accepting: _____ Date: _____
<i>*place completed packets in Omar or Bethany's mailbox.</i>
Sessions (circle one): 1 5 10
Date Paid: _____
Comments & Notes:

Trainer assigned: _____

Personal Training Information

Personal Training Timeline

1. Once you turn this packet into the front desk at the Health and Wellness Center, you will be assigned a trainer based on your information, availability, and preferences. Not all preferences are able to be met.
2. You will be contacted by your personal trainer to schedule the first meeting within one week.

Policies

Please review and observe the following policies.

1. The Client Registration Packet must be received before a personal trainer will be assigned. Personal Trainers cannot take session payments. Please pay for sessions at the Front Desk. Remember to keep your receipt for proof of purchase.
2. The first meeting with your trainer will be a 20-minute consultation and goal setting discussion. There may be basic physical tests to evaluate your starting level. This is included in the price of your first session. See Packages to learn more. You will pay for your training package before this first consultation.
3. Sessions are 45 minutes. If you know you will be late, call the Health and Wellness Center to notify our front desk. Trainers will wait 15 minutes before your session will be forfeited. If you arrive late, the session will only last until the end of the scheduled 45-minute time.
4. If needed, sessions must be rescheduled at least 24 hours in advance or the session will be forfeited. Contact your trainer and the Outreach and Wellness Coordinator directly.
5. Be prepared to work hard during each session. Wear athletic shoes and apparel. Shoes must be strictly for inside fitness. Shoes worn outside can cause lasting damage to the floors, resulting in expensive repairs. Please bring a water bottle.

Client Confidentiality

Information will not be released without the individual's direct permission, except in emergencies. All information regarding your fitness program will be kept confidential and remain in Urbana Park District files seven years following the cessation of your participation.

Regular evaluation of your trainer's performance and your progress will be completed using written and verbal communication with your trainer and the Outreach and Wellness Coordinator. If you have any feedback about your trainer or the program, please contact the Outreach and Wellness Coordinator, Kern McCalla, at kkmccalla@urbanaparks.org or (217)255-8601, ext. 275.

Personal Training Packages

1 Session: \$55 Resident | \$83 Non Resident

- One 20-minute consultation with your trainer
 - If you prefer to buy one session at a time, this 20-minute consultation will only be included every 5th session.
- One 45-minute personal training session with your trainer

5 Sessions: \$265 Resident (includes \$10 discount) | \$400 Non Resident

Payment for all five sessions due before the first session.

- One 20-minute consultation with your trainer
 - If you are a returning client, this 20-minute time can be spent to discuss progress on current goals.
- Five 45-minute personal training sessions with your trainer
 - Sessions scheduled with your trainer and the Health and Wellness Center front desk.

10 Sessions: \$515 Resident (includes \$35 discount) | \$775 Non Resident

Payment for all ten sessions due before the first session.

- One 20-minute consultation with your trainer
 - If you are a returning client, this 20-minute time can be spent to discuss progress on current goals.
- Ten 45-minute personal training sessions with your trainer
 - Sessions scheduled with your trainer and the Health and Wellness Center front desk.
- After the completion of the 10th session, receive an *additional* \$10 discount when registering for your next ten sessions.

Buddy Pricing

Interested in training with a buddy? Our Buddy Pricing System lowers each person's costs by 35%.

Buddies will share their personal training and consultation time. Up to three clients can train at the same time. Each Buddy will pay for the same amount of sessions individually but receive 35% off typical cost.

Personal Information

Name: _____ Date: _____

DOB: _____ Age: _____ Gender: _____

You must be at least 16 years of age.

Height: _____ Weight: _____

Current Contact Information

Phone: _____

Email: _____

Address: _____

Preferred Method of Communication: Call Text Email Other _____

This is how your trainer will contact you.

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____

How did you learn about Personal Training at the Urbana Park District?

Program Guide Word of Mouth Trainer/Instructor Social Media

Website Flyer Other: _____

If the participant is not 16 years of age but you would still like to request Personal Training, complete this packet, turn it in.
Email Kern McCalla at kkmccalla@urbanaparks.org to continue discussion.

Training Availability

Please indicate **all** available **days and times** you prefer to train.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have any trainer preferences? Yes: _____ No

Describe your physical activity, workouts, & exercise history from the past six months.

What goals would you like to achieve from Personal Training? (be specific)

How many days a week would you like to train with your trainer? _____

How many days a week do you plan to train on your own? _____

Personal History and Medical Information

Please indicate whether you currently have or ever had a significant problem with any of the symptoms or conditions listed below. Please read the questions carefully and answer honestly:

YES	NO	
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

Please Note: if you answered YES to one or more of the questions above, *you are required to obtain medical clearance before participating in Personal Training.* Your safety when becoming more physically active is our main concern. If you are pregnant or your health changes prior to your first session or during your package of sessions so that you would answer YES to any of the above questions, medical clearance is required before participating.

An Urbana Park District staff member will reach out for medical clearance after receiving your packet. This clearance can be turned in via email or to the front desk in an envelope.

Have you ever had?	YES	NO	Not Sure	If yes, please give the most recent date the test was given.	High more than one time? YES or NO
High Blood Pressure					
High Blood Glucose					
High Cholesterol					
Have you ever had?				Comments/Explanation:	
Heart Trouble (murmurs, palpitations, etc)					
Atherosclerosis					
Asthma					
Diabetes					
Hypoglycemia/Low Blood Sugar					
Arthritis or Rheumatic Condition					
Bone, Joint, or Muscle Injury					
Neck/Shoulder/Back Pain					
Chest Pain					
Shortness of Breath: While sleeping While exercising At rest					
Hepatitis or Other Blood Condition					
Dizziness/Light Headedness/Fainting					
Epilepsy					

Eating Disorder				
Edema (swelling)				
Are you pregnant?				
Have you had a baby within the last year?				

Have any family members had?	YES	NO	Relation?	Age they were diagnosed?
Heart Attack				
Heart Surgery				
Early/Sudden Death				
Hypertension (High Blood Pressure)				
High Cholesterol				
Diabetes				
Stroke				
Cancer				
OTHER:				

Please list any medical concerns/conditions that might limit your ability to participate in Personal Training services (pregnancy, disability, etc.):

Please list any known allergies (environmental, medications, food, etc.) or medications that may limit your ability to participate in Personal Training:

Please rate your current levels of **satisfaction** with your **Physical Activity**:

1: Not Satisfied at All | 5: Very Satisfied

	1	2	3	4	5
Physical Activity Level					
Variety of Activity					
Frequency of Activity					
Muscular Strength					
Muscular Endurance					
Cardiovascular Endurance					
Flexibility					
Balance					
Rest/Recovery					

Please rate your current levels of **satisfaction** with your **Health and Lifestyle**:

1: Not Satisfied at All | 5: Very Satisfied

	1	2	3	4	5
Weight					
Body Composition					
Stress Level					
Time Management					
Sleep					
Mental Wellness					
General Health and Lifestyle					

**Urbana Park District
Waiver and Release of All Claims**

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

Print participant's name _____

Program attended: Personal Training

I have read and agree to the terms contained in the Waiver and Release of all Claims

Adult Signature

Date