

# Spelman College

## Campus Wellness Department

### Personal Training Package

---



## INFORMATION

---

**First-time clients** Paperwork must be completed and turned in to the personal trainer **in person** (Friday between 3pm – 7pm) before scheduling can occur. You may request a trainer or one will be assigned to you based on your needs and availability. Trainer schedules are posted on the Personal Training Program website and at the Wellness Center front desk; schedules and availability are subject to change.

After the paperwork has been processed, the personal trainer will contact you via email within three (3) business days of your registration to schedule your first appointment. If you do not receive an email from a trainer, contact the Assistant Director of Campus Wellness at [wscott4@spelman.edu](mailto:wscott4@spelman.edu).

**Note: Personal trainers DO NOT hold office hours.**

## POLICIES & PROCEDURES

---

**PAR-Q & Medical Clearance Form:** A medical clearance form is required of all participants who answer 'yes' to any of the PAR-Q questions. Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

**Session Duration:** All personal training sessions are one hour. Trainings may also be 30 minutes in length.

**Attire:** Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, supportive sneakers). Participants arriving unprepared for their training session will be dismissed.

**Late Policy:** Clients are responsible for arriving on time to their training sessions. Trainers are only obligated to wait 15 minutes (10 minutes for 30-minute sessions). If you are late to any session, please note that you may have to wait until the next hour.

**Cancellation Policy:** Clients must email their trainer 24 hours in advance to cancel a scheduled session.

# REGISTRATION

**Completed Client Information Packets are to be emailed to the Wellness Center Personal Training Staff @ [wellnesscenterPT@spelman.edu](mailto:wellnesscenterPT@spelman.edu)**

Welcome to the Personal Training Program for Spelman Wellness. We have a knowledgeable, experienced staff to assess your fitness level and design a personalized exercise program. **Forms are for personal training staff only, and all information is confidential. All forms must be completed in ink. (please write legibly)**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Indicate the days and times you would most be available for your first appointment. Keep in mind this introductory appointment is 15-30 minutes long.**

DAY OF WEEK	Times Available	Dates Available (if applicable)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

By signing below, you have read and agree to the terms and policies of the Spelman Wellness Personal Training Program. These policies are located on our website as well as the Client Information Sheet. In addition, you attest that you have answered the Health History and PAR-Q truthfully and to the best of your knowledge. You agree to submit the completed Medical Clearance Form to Personal Training staff if you answered 'Yes' to any of the PAR-Q questions. You acknowledge that the PAR-Q is valid for a maximum of 12 months from the date it is completed and become invalid if your condition changes, at which point you must submit an updated PAR-Q to the Personal Training Program. **You understand that all forms must be submitted before scheduling can occur**, which includes the Medical Clearance Form, if applicable.

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

---

## OFFICE USE ONLY

Membership Type (Circle):      Student      Faculty/Staff      Other

Membership Expiration: \_\_\_/\_\_\_/\_\_\_ or Reoccurring

Registration Processing: \_\_\_/\_\_\_/\_\_\_

# PAR-Q

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from a doctor before becoming more physically active.

**Please read the seven questions below carefully and answer each one honestly: check YES or NO.**

QUESTION	YES	NO
Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example: knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
Has your Primary Care Provider ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered NO to all of the questions above, you may proceed with personal training.



If you answered YES to one or more of the questions above, a medical clearance form is required. Discuss with your primary care physician any conditions that might affect your exercise program. All precautions must be documented on the medical clearance form by your primary care physician. *If in doubt after completing the PAR-Q, consult with your personal doctor prior to physical activity.*

**NOTE: Personal Training staff reserve the right to require medical clearance from any client they deem may be at risk.**

# HEALTH HISTORY

Complete the **NINE** questions below. Include explanations for "yes" answers in the space provided.

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECK YES OR NO WITH DESCRIPTION, IF APPLICABLE.**

1. Do you have an ongoing health complication or chronic illness?
2. Have you had high blood pressure or high cholesterol?
3. Have you ever had a head injury, concussion, or seizure?
4. Do you have a diabetes or thyroid condition?
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
6. Have you had a recent (less than 12 months) surgery?
7. Have you had any problems with pain or swelling in muscles, tendons, or joints? If yes, please list the muscle/tendon/joint.
8. Are you currently pregnant?
9. Have you given birth within the past year?

YES	NO

**OFFICE USE ONLY**

**General Physiological Information**

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Weight \_\_\_\_\_ lbs

Blood Pressure \_\_\_\_\_ mmHg

RHR \_\_\_\_\_ HRmax \_\_\_\_\_

THR 60% \_\_\_\_\_

THR 70% \_\_\_\_\_

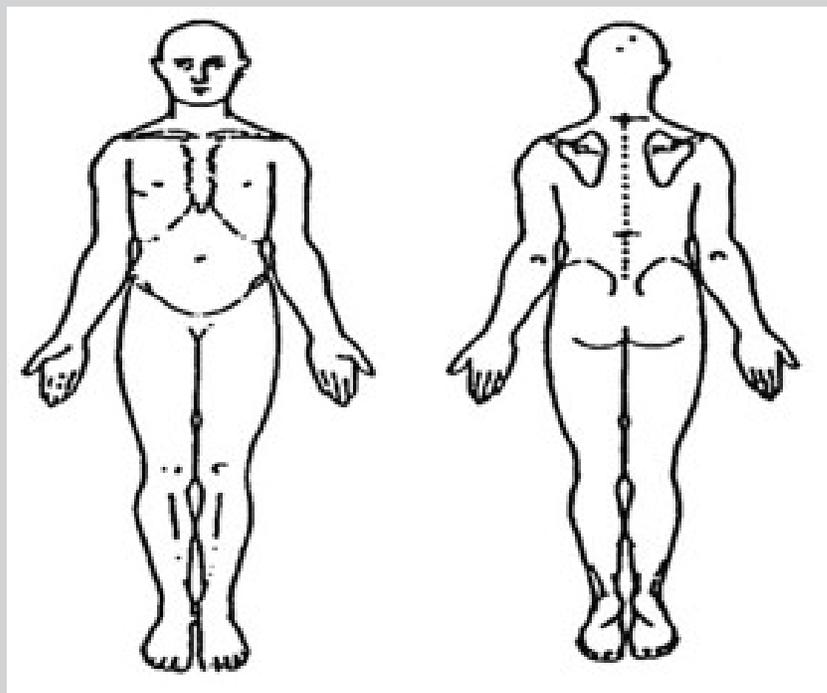
THR 80% \_\_\_\_\_

**Body Composition**

Chest/Triceps \_\_\_\_\_

Ab/Illiac \_\_\_\_\_ Thigh \_\_\_\_\_

Total \_\_\_\_\_ BF% \_\_\_\_\_



# LIABILITY & RISK AGREEMENT

I acknowledge that participating in personal training is a dangerous activity. I realize that the inherent risks of participating in a personal training program include injuries due to equipment failure, bad decision-making, and my underlying physical and mental condition. I understand that unforeseeable accidents occur and I assume all risks associated with such accidents, even though I nor the Spelman Wellness staff cannot foresee them.

I agree to pay attention to the condition of all equipment and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all Wellness Center rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply.

I certify that I am physically capable of participating in personal training activities and have informed the staff of any medical or health conditions I have that may affect these activities. I agree to supply a doctor's note (Medical Clearance Form) should I have experienced any of the following conditions: chest pain while exercising, chest pain while not exercising, loss of balance because of dizziness, loss of consciousness, bone or joint problem that could worsen as a result of physical activity, prescribed medication for blood pressure or heart condition, doctor's indication of a heart condition, or any other reason why I should not partake in physical activity. In addition, I agree to inform the staff of any changes in my medical or health condition while a participant in this program.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Spelman College does not provide any medical insurance coverage for me while participating in this facility or offsite.

I agree to assume all risk of personal injury, medical expenses, and property damages and loss incurred while participating at Spelman College Wellness Center at Read Hall, Personal Training Program.

**I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENT AND SIGN IT OF MY OWN FREE WILL.**

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

*If participant is a minor under 18 years of age, a Parent Consent Form must also be signed and submitted by a parent or legal guardian.*

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

## EMERGENCY CONTACT

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

Phone: \_\_\_\_\_

# MEDICAL CLEARANCE FORM

Dear Primary Care Physician:

\_\_\_\_\_ wishes to start a personalized training program with the  
Name of Applicant

Spelman College Wellness Center, Personal Training Program. The Personal Training package includes a health screening (body composition analysis; manual blood pressure measurement; resting heart rate measurement; height/weight measurements), a consultation, and on-the-floor training. The exercise program is designed to start at a comfortable level and become progressively challenging over a period of time. Both cardiovascular exercise and strength training will be a part of the client's program. All exercise screening and exercise programs will be administered by personal trainers trained in conducting exercise screenings and develop exercise programs.

By completing the form below, you are not assuming any responsibility for our administration of the exercise screening and/or exercise programs. If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the Spelman College Wellness Center exercise screening procedures and/or exercise programs, please call the Wellness Center Assistant Director or Fitness Coordinator at (404) 270-5596 (direct line). This form can be faxed to (404) 270-5714.

**Report of Physician** (initial)

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but I urge the caution because

\_\_\_\_\_ The applicant should not engage in following activities:

\_\_\_\_\_ I recommend the applicant NOT participate.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic/Address \_\_\_\_\_ Phone \_\_\_\_\_