



TEXAS SOUTHERN UNIVERSITY

PERSONAL TRAINING POLICIES

SCHEDULING:

To schedule your initial session:

- 1. Complete Interest Form, Health History Questionnaire, and Policies forms and return them to the Fitness Department.
2. Register and pay in person at the Membership Office at the Rec. Center Monday through Friday 10:00am - 5:00pm Rm. 215 or at the front counter Monday-Friday 6am-10am
3. Schedule your training sessions by calling (713)-313-6896 or by filling out an interest form located through out the Rec. Center and returning it to the front desk of the fitness center.

All scheduling, rescheduling or cancellation of Personal Training Services should be done through the Fitness Department by calling (713) 313-6812 or contacting the personal trainer coordinator Iisha Voltz at 713-313-6885 or via email Voltzid@tsu.edu. All training session dates and times will be scheduled before the first session of the package.

CANCELLATION/RESCHEDULING POLICY

If you need to cancel or reschedule a session, please call the fitness department (713) 313-6812. Or email Iisha Voltz at Voltzid@tsu.edu. The availability of your trainer will be checked and informed to you with confirmation of the rescheduled date and time. If it is a last minute emergency and you have your instructor's telephone number, please call the emergency in to the instructor directly.

24 hours notice is required for a cancellation or rescheduling in order to receive credit for the session. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.

TARDINESS POLICY:

Clients are expected to begin working out at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment. Trainers are only required to wait 15 minutes. If the trainer chooses to begin session late he/she has the right to deduct those minutes from the session.

EXPIRATION DATES ON PACKAGES:

Any sessions that remain after the expiration date will be forfeited.

- 1 session: 1 month from the date of purchase
6 sessions: 2 months from the date of purchase
16 sessions: 3 months from the date of purchase

I verify that I understand and will abide by these policies

Client Signature _____ Date _____



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Personal Training Packages

Personal training is your opportunity to meet one-to-one with a qualified personal trainer to develop a fitness program specifically designed to meet your needs and interests. Personal training is the best way to receive high-quality instruction, motivation, and support for your new fitness routine. NOTE: Your first training session will consist of a Comprehensive Fitness Assessment. All sessions thereafter will be hands-on training sessions.

Member Pricing

Table with 3 columns: Sessions, Per session, Total. Rows: 1 sessions (\$18, \$18), 3 sessions (\$16, \$48), 6 sessions (\$15, \$90*), 16 sessions (\$14, \$224)

* Special purchase six sessions and receive 2 free sessions for a limited time only.

Small Group Personal Training

Small group personal training allows you to get all the benefits of personal training in a small group setting. Sign up with a friend or let our staff help you find a group that will fit your needs. In order to tailor each training session to meet your specific needs, you will be required to sign up for a Comprehensive Fitness Assessment prior to your first session. NOTE: A minimum of 3 sessions must be purchased.

Member Pricing

Table with 3 columns: People, Per session, Total. Rows: 2 people (\$14, \$28), 3 people (\$14, \$42), 4 people (\$14, \$56), 5 people (\$14, \$70), 6 people (\$14, \$84)

Comprehensive Fitness Assessment

The Comprehensive Fitness Assessment includes blood pressure screening, body composition assessment, pulse rate testing, flexibility test, cardiovascular endurance analysis, and muscular endurance test. Our Personal Trainers will also conduct an analysis of your health history, exercise history, and fitness goals.

Basic Fitness Assessment

The Basic Fitness Assessment includes blood pressure screening, body composition assessment, and pulse rate testing. This test is recommended for those who are not interested in purchasing a Personal trainer.



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FITNESS ASSESSEMENT: PRETEST GUIDELINES

To assure the best possible accuracy of the fitness assessment, please follow the guidelines listed below.

- 1. No eating or drinking 4 hours prior to testing (recommended)**
- 2. Please wear appropriate clothing for physical activity (shorts recommended)**
- 3. No exercise 12 hours prior to testing**
- 4. No alcohol consumption 48 hours prior to testing**
- 5. No diuretic medications 7 days prior to testing**

- Female patrons please schedule your assessment to avoid menstruation

We ask that all clients fill out our liability and health waiver before testing is allowed.

The Fitness Assessment Test last from 30-60min

The test consists of the following:

- Resting vital signs (heart rate, blood pressure, weight)
- Cardio-respiratory fitness
- Body composition
- Muscular endurance and strength
- Joint flexibility and muscle length
- **Optional testing if requested:**
- Static posture and movement screens (*required if being trained*)
- Skill-related parameters (agility, coordination, power, reactivity, and speed)

Once the Test is completed the client is able to sit one-on-one with the trainer to discuss the results of the test which is measured utilizing a national scoring chart based on statistics of persons tested within the said clients age and sex. The trainer then discusses with the client the appropriate direction to take in order to meet their individualized goals.

I have read the following fitness assessment guidelines and understand the rules of the test:

Participant Signature: _____ *Date:* _____



HEALTH QUESTIONNAIRE

Name (Please Print) _____ Phone # _____

Date of Birth ___/___/_____ Height _____ Weight _____ Gender M F

Emergency Contact (Please Print): _____ Phone # _____

Do you have a history of the following?

- YES / NO Heart attack
- YES / NO Heart surgery
- YES / NO Cardiac catheterization
- YES / NO Coronary angioplasty (PTCA)
- YES / NO Pacemaker / implantable cardiac defibrillator / rhythm disturbance
- YES / NO Heart valve disease
- YES / NO Heart failure
- YES / NO Heart transplant
- YES / NO Congenital heart disease

Do you have any of the following symptoms?

- YES / NO You experience chest discomfort with exertion
- YES / NO You experience unreasonable breathlessness
- YES / NO You experience dizziness, fainting, blackouts
- YES / NO You take heart medications

Please mark ALL true statements

_____ You are a male older than 45 years

_____ You are a woman older than 55 years or you have had a hysterectomy or you are post menopausal



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- _____ You smoke
- _____ Your blood pressure is greater than 140 / 90
- _____ You take blood pressure medication
- _____ Your blood cholesterol is greater than 240 mg / dL
- _____ You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- _____ You are diabetic or take medication to control your blood pressure
- _____ You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days/week)
- _____ You are 20 pounds or more overweight
- _____ You have been diagnosed with kidney disease
- _____ You have been diagnosed with thyroid or other endocrinological disorder
- _____ You have respiratory problems, such as asthma, chronic bronchitis, emphysema or COPD
- _____ You have muscular problems
- _____ You have arthritis or other orthopedic problems or have had a previous injury
- _____ You are pregnant

Please mark ALL true statements

- _____ I do not know my blood pressure
- _____ I do not know my cholesterol level

List all medications you take on a regular basis:

Medication	Reason
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Other Comments/Health Issues



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I understand that I may be undergoing physical exertion while participating in services and activities at or associated with the Texas Southern University Fitness and Recreation Center and I certify that my level of physical fitness is sufficient for the activities in which I choose to take part. In acknowledging that I am aware of and willing to assume the risks associated with these activities and services, I hereby voluntarily agree to waive, hold harmless and indemnify the Board of Regents of Texas Southern University and its officers, employees, and representatives from any and all claims demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in services and activities at or associated with the Texas Southern University Fitness and Recreation Center. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

Name of Participant (Print): _____

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian (If under 18 years of age): _____

YES / NO I have read and understood the questions asked. I verify that all the information noted above is accurate to the best of my knowledge.

Signature: _____ Date: _____



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PHYSICAL ACTIVITY READINESS-QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun, healthy and good for mind, body and spirit. Increasingly people are starting to become more active every day. Being more active is very safe for most people. However, **some people should check with their doctor before they start becoming much more physically active.**

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Circle YES or NO provided to the left of each question.

- YES NO *Has a doctor ever said that you have a heart condition and recommend only medically supervised activity?*
- YES NO *Do you have chest pain brought on by physical activity?*
- YES NO *Have you developed chest pain the last month?*
- YES NO *Have you on one or more occasions lost consciousness or fallen over as a result dizziness?*
- YES NO *Do you have a bone or joint problem that could be aggravated by the proposed physical activity?*
- YES NO *Has a doctor ever recommended medication for your blood pressure or a heart condition?*
- YES NO *Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?*

I have read, understood and completed this questionnaire. Any question I had were answered to my full satisfaction.

Printed full Name: _____

Signature: _____ Date: _____



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If you answered:

YES to one or more questions

- *Talk with your doctor by phone or in person before you start becoming much more physical active and before you have a fitness appraisal. Tell your doctor about the PAR-Q and which question (s) you answered YES.*
- *You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his or her advice.*

NO to all questions

- *If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:*
- *Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.*
- *Take part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.*

Delay becoming much more active:

- *If you are not feeling well because of a temporary illness such as a cold or fever- wait until you feel better.*
- *If you are pregnant – talk to your doctor before you start becoming more active.*
- *If your health changes so that you then answer YES to any of the above questions, consult your doctor.*



Fitness Program Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Texas Southern University Recreation and Wellness Center and to use its facilities, equipment and machinery in addition to the payment of any fee or charge. I do hereby waive, release and forever discharge Texas Southern University, its Board of Regents, officers, agents, employees, and representatives from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or other acting on their behalf or in any way arising out of or connected with my participation in any activities of the Texas Southern University Recreation and Fitness Center or the use of any equipment at the Texas Southern University Recreation and Fitness Center. **(Please Initial)** _____
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please Initial)** _____
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent participation in any of the activities and program of the Texas Southern University Recreation and Wellness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **(Please Initial)** _____
4. I understand that Texas Southern University and the Recreation and Wellness Center are not responsible for payment of any medical bills for damages. **(Please Initial)** _____

Signature _____ Date _____

PERSONAL FITNESS GOALS



Please indicate your personal health and fitness related goals:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Reduce Back Pain |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Improve Diet |
| <input type="checkbox"/> Feel Better | <input type="checkbox"/> Lower Cholesterol | <input type="checkbox"/> Aerobic Fitness |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Muscular Size | <input type="checkbox"/> Muscular Strength |
| <input type="checkbox"/> Sports Specific | <input type="checkbox"/> Look Better | <input type="checkbox"/> Injury Rehabilitation |

Please describe your exercise patterns and goals:

- a. What is your exercise history?

- b. What health improvements do you need?

- c. What other health improvements do you want?

- d. What are your activity preferences?

- e. What barriers to success do you anticipate?

- f. How will you know you are succeeding?

- g. How much time during the week are you able to dedicate to an exercise program?

- h. How do you incorporate physical activity into your daily routine?



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What is your motivation level (please circle one)? Low Medium High

What is your confidence level (please circle one)? Low Medium High

Readiness for change (please circle one)? Low Medium High

Please use the space below to record two concrete commitments that you are willing to make to your own health goals.

For example, you might commit "To arrive, ready for exercise, on Mondays, Wednesdays and Fridays by 6:30am." These should be challenging, but also realistic and attainable commitments.

- 1. _____
2. _____

Please use the space below to record a short-term (2-6 months) health/fitness goal. This should be a challenging, yet reasonable and attainable goal.

Please use the space below to record a long-term (>10 months) health/fitness goal. This should be a challenging, yet reasonable and attainable goal.

Thank you for taking the time to complete this questionnaire.



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PERSONAL TRAINING INTEREST FORM

Name: _____ Date: _____

Phone: _____ Cell Phone: _____ E-Mail Address: _____

TSU Affiliation: STUDENT ALUMNI FACULTY/STAFF

Sex: Male Female Age: _____

Do you prefer a Male or Female Personal Trainer? _____

What type of training are you interested in?

Fitness Evaluation 1-on-1 Personal Training Group Personal Training

How many sessions are you interested in? 3 sessions 6 sessions 10 sessions 16 sessions

Buddy Sessions

How many sessions per week? _____

Availability: (this is not final) Check all the times you are available.

Table with 8 columns (Sun-Sat) and 14 rows (6:00-7:00) for availability selection.

Thank you and Congratulations; you are now Trail Blazing Your Way to a Life Long Health!



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MEDICAL RELEASE FORM

Date _____

Dear Doctor: _____

Your patient, _____, wishes to start a personalized training program. The activity will involve the following:

Type: _____

Frequency: _____

Duration: _____

Intensity: _____

If your patient is taking medication that will affect his or her exercise capacity or heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on exercise capacity or heart-rate response):

Type of medication(s): _____

Effect(s): _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

Thank you,

Sincerely,

Texas Southern Recreation and Wellness
Center Fitness Department
713-313-6896



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-----**FOR PHYSICIAN USE**-----

_____ has my approval to begin an exercise program with the recommended restrictions stated above.

Signed: _____ Date: _____ Phone: _____