

Personal/ Small Group/ Partner Training

Thank you for your interest in training at the NDSU Wellness Center. You have taken a great step towards investing in yourself! You will be working with a certified personal trainer to set and achieve your fitness goals. Our trainers are friendly and knowledgeable and are here to help you become the best version of yourself!

Please use the following steps to begin training:

1. Complete this packet and return to the Customer Service Desk or donavan.haugstad@ndsu.edu. You will be contacted within 48 business hours to set up your free consultation.
2. Meet your trainer during times that work best with your schedule! Continue training with your trainer to reach your goals!

We look forward to working with you as you achieve your fitness goals!

Personal/ Small Group/ Partner Training Policies

- New clients are required to purchase a Fitness Assessment. This initial assessment will be your first session with your trainer. Your results will help your trainer tailor your training program to your personal fitness goals.
- All training sessions are 45 minutes in length.
- Late Policy: Trainers are required to wait 15 minutes past your scheduled session. After 15 minutes, the trainer is not required to lead the remaining time of the session and the session will be deducted.
- Cancellation Policy: Failure to contact your trainer within 12 hours of the scheduled session, will result in a session deduction.
- In a small group or partner group, if one group member cancels, but the other(s) still attend the session, one session is deducted from all members of the group.
- Please discuss your preferred method of contact with your personal trainer.
- Training sessions expire six months after the purchase date. There will be no refunds given on unused sessions. Unused sessions cannot be transferred to another person.
- If your initial fitness evaluation shows the presence of risk factors for various cardiovascular, pulmonary, or metabolic diseases that require special attention, you may be required to provide a physician's release form prior to participation in purchased sessions.

Please sign acknowledging these policies and procedures.

Printed name: _____ Date: _____

Signature: _____

Personal/ Small Group/ Partner Participant Information

First Name: _____

Last Name: _____

DOB: _____

Phone: _____

Email: _____

Pronouns: _____

Membership Type (Circle):

Student

Non Student

Please state times you are available in the associated box below for each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many days per week would you like to train?

What is your currently activity level? Once a week? Two-Three times? Seven days a week? No activity?

Please circle the activities you enjoy.

Walking/Hiking

Rowing

Group Fitness Classes

Strength Training

Cycling

Pilates/Yoga

Athletic Drills

Swimming

Running

Cardio Machines

Other activities you're interested in? Activities you prefer not to do?

Please briefly describe your personal health and fitness goals. Your trainer will discuss these with you more in depth during your first session. This information will help us pair you with a trainer who can best help you with these goals.

What, if anything, do you feel may present challenges to you meeting your goals? How can the personal trainer keep you on track?

Please share any additional information that might be helpful in selecting a personal trainer to meet your needs. You may request a specific trainer here or state gender preference. If Small Group Training or Partner Training, please list additional group member names here.

How did you hear about training at the NDSU Wellness Center?

Please fill out the Physical Activity Readiness Questionnaire (PAR-Q) below.

Thank you!

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME _____ DoB _____

If you're aged 15-69, the PAR-Q will tell you if you should check with your doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor. Please read each question carefully and answer honestly by ticking YES/NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		

If YES, please comment:

If you answered YES to one or more questions: You should consult with your doctor to clarify that it's safe for you to become physically active at the current time.

If you answered NO to ALL of the questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

SIGNATURE _____ PRINT NAME _____ DATE _____