

SWIMTRAIN

Congratulations on your decision to further your training in the pool! Whether you are new to the water, want to learn more about certain swim strokes, or even want a fitness aquatic style workout this is a great program for you. Our certified swim instructors will provide you with education and training to help you achieve your swimming goals.

Please follow the steps below to begin your training:

1. For first time clients, the first session will be a comprehensive swimming assessment. Please schedule your swim assessment through Ryan MacMaster, Assistant Director at ryan.macmaster@ndsu.edu or (701) 231-5216.
2. After the swim assessment is complete, your instructor will be in contact with you within two business days to schedule your remaining sessions.

Contact Ryan MacMaster, Assistant Director, at (701) 231-5216 or ryan.macmaster@ndsu.edu with any questions or concerns.

We look forward to helping you achieve your swimming goals!

SWIMTRAIN POLICIES

- Please meet your instructor for each session at the lifeguard office of aquatics wearing proper swim attire as specified by the Wellness Center aquatic dress code.
- All SwimTrain sessions are 30 minutes in length.
- Late policy: instructors are obligated to wait only 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 lost.
- Cancellation policy: failure to contact Wellness Center aquatics within 24 hours of scheduled session, will result in a session loss. (701) 231-5216
- E-mail is our official method of contact. Please use e-mail to communicate with your trainer.
- Training sessions expire six months after purchase date. There will be no refund given on unused sessions.
- If your swim assessment shows the presence of risk factors for various cardiovascular, pulmonary, and metabolic diseases that require special attention, you will be required to provide a physician's release prior to participation in purchased sessions.
- Unused sessions cannot be transferred to another person.

Please sign acknowledging these policies and procedures

Printed name: _____ Date: _____

Signature: _____

Date: __/__/__

SWIMTRAIN

PARTICIPANT INFORMATION

First Name: _____

Last name: _____

Age: _____

Cell Phone: (_____) _____

Email: _____

Emergency Contact: _____

Membership Type: Faculty/Staff Student NDSU Affiliate Sponsored

Please indicate time that you are available in the appropriate boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list all prescription and non-prescription medications you are currently taking.

What is your occupation/work type?

Please list any past or current injuries.

Do you smoke or use tobacco products? Yes No

On an average daily basis, what is your stress level? (circle one)

1	2	3	4	5	6	7	8	9	10
Low			Moderate				High		

Please indicate your personal swim goals: (check all that apply)

- Reduce Body Fat & Lose Weight
- Increased Confidence
- Build Lean Muscle Mass
- General Health & Fitness
- Improve Stroke Technique
- Improve Cardiovascular Fitness
- Overcome Fear of Water
- Improve Stamina
- Muscular Strength
- Reduce Blood Pressure/Cholesterol
- Reshape Body
- Other: _____

Please tell us more about your specific short and long term goals for SwimTrain:

What would you like to get out of your purchased session(s)? (check all that apply)

- Learn the Basics of Swimming
- Improving Skills and Stroke Development
- Fitness
- Other: _____
- Comments:

Please share any additional information that might be helpful in selecting a swim instructor to meet your needs:
(You may request a specific instructor here)

- Female Instructor Male Instructor No Preference

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

How comfortable are you with the following skills? 0= never tried/do not know skill 1= not comfortable 3=moderately comfortable and 5= Extremely comfortable

Skill	0	1	2	3	4	5	Comments
Face in the water							
Floating							
Treading water							
Front Crawl							
Back Crawl							
Breast Stroke							
Elementary Back Stroke							
Side Stroke							
Butterfly							

What specific skills you would like your instructor to focus time on. (check all that apply)

Learn the Basics of Swimming

- Getting over fear of the water
- Comfortability in deep water
- Breathing in strokes
- Back Crawl
- Elementary Back Stroke
- Side Stroke
- Breast Stroke
- Floating
- Treading Water
- Front Crawl
- How to use pool equipment
- Common pool etiquette
- Safety in and around water
- Rules around the pool

Improving Skills and Stroke Development

- Breathing
- Treading water, time goal: _____
- Back Crawl, Distance: _____
- Elementary Backstroke, Distance: _____
- Sidestroke, Distance: _____
- Diving
- Front Crawl, Distance: _____
- Breaststroke, Distance: _____
- Butterfly, Distance: _____
- Flip Turns

Fitness:

- Cardio focused
- Muscular development
- Distance focused: _____
- Aerobic style workout.
- Lap Swimming style workout

Other:

Please list any other skills/styles you would like an instructor to help you learn and/or improve.

Health Activity Questionnaire

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

**If
you
answered:**

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions 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/her advice.
- Find out which community programs are safe and helpful for you.

NO to ALL questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Engage in physical activity – 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming more physically active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____