

PERSONAL TRAINING

Congratulations on your decision to invest in yourself! Our qualified personal trainers will provide you with information and training to help you achieve your goals.

Please use the following steps to begin your training:

1. Complete this packet to the best of your ability and return to the Customer Service Desk or to ndsu.wc.fitness@ndsu.edu.
2. Purchase your personal training package at the Customer Service Desk or online at <https://wellnessportal.ndsu.edu/>.
3. For first time clients, the first session will be a complimentary comprehensive fitness assessment. You will be contacted by the Fitness Coordinator at the phone number or email listed below within 3-4 business days to schedule your assessment.
4. Once your assessment is complete, you and your personal trainer will schedule remaining sessions.
5. For returning clients, continue training with your assigned trainer.

Contact Jenna Grabinski, Fitness Coordinator, at (701) 231-7360 or jenna.grabinski@ndsu.edu with any questions.

We look forward to helping you achieve your fitness goals!

PERSONAL TRAINING POLICIES

- Please meet your trainer for each session at the 1st Floor Fitness Desk in proper workout attire as specified by the Wellness Center policies.
- All personal training sessions are 45 minutes in length.
- Late Policy: Trainers are obligated 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 or the Fitness Coordinator (701-231-7360) within 12 hours of the scheduled session, will result in a session deduction.
- E-mail is our official method of contact. Please use e-mail to converse with your trainer.
- Training sessions expire six months after the purchase date. There will be no refund given on unused sessions.
- Unused sessions cannot be transferred to another person.
- If your fitness evaluation shows the presence of risk factors for various cardiovascular, pulmonary, or metabolic diseases that require special attention, you will 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: _____

Please tell us more about your specific short and long term goals for exercise, health, and fitness:

What would you like to get out of your purchased session(s)?

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 male or female preference)

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

Please indicate your current levels of satisfaction.

	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied	
	1	2	3	4	5	6	7	8	9	10
Current Weight										
Physical Activity Level										
Muscular Strength										
Cardiovascular Endurance										
Flexibility										
Nutrition and Eating Habits										
General Health and Lifestyle										

Please circle the activities you would consider “fun”.

- Walking/Hiking
- Rowing
- Group Fitness Classes
- Strength Training
- Cycling
- Pilates/Yoga
- Athletic Drills
- Swimming
- Running
- Cardio Machines

Other activities you’re interested in? _____

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 _____

FITNESS ASSESSMENT INSTRUCTIONS

Preparation (IMPORTANT)

- To ensure accuracy in your BodPod results, you must be wearing minimal, form-fitting clothing:
Men: Thin fabric shorts, lycra/spandex-type swimsuit or single-layer compression bike-style shorts (no padding)
Women: Lycra/spandex-type swimsuit or bike-style shorts and sports bra (no wire or padding)
- A swim cap will be provided to compress any air pockets within the hair.
- You will also need proper clothing for the remainder of your Fitness Assessment. Please bring comfortable, loose fitting workout clothes and tennis shoes.
- Get an adequate amount of sleep (6 – 8 hrs.) the night before your assessment.
- Don't apply any lotions or skin creams prior to your test.
- Remove glasses and jewelry (if possible).
- Avoid intentional exercise within 12 hours of the assessment. Exercise will elevate your blood pressure and resting heart rate - invalidating these measures.
- Avoid alcohol, eating, drinking, or smoking at least 3 hours before the assessments.
- Avoid caffeine or any diuretic, unless prescribed by doctor, 3 hours before the assessments.
- Please use the rest room prior to your appointment.

To cancel or reschedule your appointment, please contact your trainer or call (701) 231-7360 at least 12 hours prior to your scheduled appointment.

Please contact Jenna Grabinski, Fitness Coordinator, at (701) 231-7360 or jenna.grabinski@ndsu.edu with any questions or concerns.

Thank you, we appreciate your business!