

## Kansas State Salina Recreation Services Personal Training Application

Kansas State Salina Rec Services is dedicated to providing exceptional fitness programming to promote health and wellness to our Salina Students and Salina community members. Personal Trainers will help you develop well rounded physical fitness programs to get you on a road of consistency and enjoyment for your new healthy lifestyle. Our goal is to encourage healthy lifestyles for both students, and community members. Having a trainer to assist you with one on-one exercise programs can be very beneficial. If you have any questions about these services please contact Director of Student Life, Kyle Chamberlin, 785-826-2662 or email [stulifesalina@ksu.edu](mailto:stulifesalina@ksu.edu)

### **Training Mission Statement:**

Rec Services' Personal Trainers can develop an exercise program specifically for you. Nationally certified trainers have the knowledge, skills and experience to help you achieve your fitness goals. ALL Rec Services' Personal Trainers have completed and hold a nationally accredited certification. Trainers will design a program specific to your needs and help you achieve any goals presented. \*\*Results will vary according to each individual and are dependent on personal commitment and realistic goals.

### **How to get started:**

1. Complete the personal training client forms. Located on the K-State Salina Website.
2. Based on your goals, please fill out the forms to the best of your ability.
3. Training packages may be purchased at the Student Life Center front desk.
4. Please allow for one week before meeting with trainer. Trainers will review your medical history and exercise history to ensure no risk factors are present. A physician clearance may be warranted for individuals who present high risk factors.

### **Selection of Trainer:**

The waiting period currently is due to an extensive waiting list. Once a trainer becomes available, please allow up to 7 business days for assignment of trainer to client. Clients will be assigned a trainer based on specific request, client availability, client needs/ goals and trainer experience. If the client is unhappy with his/her assigned trainer after having completed any number of sessions, that client may request a different trainer by contacting the Student Life

## Kansas State Salina Recreation Services Personal Training Application

Center Coordinator. Once training has started, if there is a stop to training, there is a 90 day expiration from last training session. If the client does not return calls or emails to trainers, there is a 90 day expiration of session from day of purchase.

### **Rec Services Personal Training Rates:**

Personal Training Package Options		Rates	
Session	Description	K-State Students	Non-K-State Students
<b>Fitness Assessment</b>	Series of tests to evaluate current level of fitness. Tests include resting heart rate, blood pressure, cardiovascular endurance, muscular strength/endurance, flexibility and body composition.	\$15	\$20
<b>Quick Start</b>	First session, fitness assessment and consultation. Second session is used as a 1 hour workout.	\$20	\$25
<b>2 PT sessions*</b>	1 hour each	\$34.00	\$57.00
<b>3 PT sessions*</b>	1 hour each	\$48.00	\$75.00
<b>6 PT sessions*</b>	1 hour each	\$90.00	\$138.00
<b>12 PT sessions *</b>	1 hour each	\$168.00 (\$13.30/session)	\$240.00
<b>18 PT sessions *</b>	1 hour each	\$216.00	\$324.00

# Medical Release Form

All males 45 + years of age & females 55 + years of age must have a medical release completed by their physician before a trainer will be assigned or an assessment will be performed.

Dear Doctor:

Your Patient, \_\_\_\_\_, wishes to start a personalized fitness program with a personal trainer from Rec Services at Kansas State University.

The activity will involve but is not limited to: fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure.

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

Type of medication \_\_\_\_\_

Effect \_\_\_\_\_

Please identify any other recommendations or restrictions for your patient in this exercise program:

---

---

---

---

Thank you,

Kyle Chamberlin  
Student Life Center Coordinator  
785-826-2662  
kchamberlin5@k-state.edu

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Printed name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

# Kansas State Salina Recreation Services Personal Training Application

## Rec Services Personal Training Client Application

### Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth:  Gender: Male  
Address: \_\_\_\_\_ Department Female  
City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
The best way to contact you: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone \_\_\_\_\_ Student  
Email \_\_\_\_\_ Faculty/Staff  
Major/ \_\_\_\_\_ Alumni  
Other  
Expected graduation date: (students)

---

### Trainer Placement Information

Name of preferred trainer: \_\_\_\_\_  
Preferred trainer gender: Male  
Female No preference

How do you like to be motivated?

Trainer Availability: (Note that limited availability may restrict client placement)

Preferred Training Speciality: (Check all that apply)

General Health & Fitness # of sessions per week desired:  
Weight Loss  
Obesity  
Muscle Building  
Speed and Agility Power/  
Strength Training Older Adults  
Aquatic Training Flexibility  
Yoga/Pilates  
Cardio/Endurance  
Partner Training with

Please specify the days and times you are available to train. Specify AM or PM.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: Sunday: \_\_\_\_\_ Saturday: \_\_\_\_\_

---

### Fitness Goals

Overall Fitness Goal:

One Month Fitness Goal:

# Kansas State Salina Recreation Services Personal Training Application

Six Month Fitness Goal:

What type of activities/exercises would you like to learn/perform during your training sessions?

How much time are you willing to devote outside of your schedule training sessions?

**Exercise History and Lifestyle Questionnaire:**

Current height and weight

In the past six months, how often have you been engaged in physical activity?

- Regularly (3 to 4 times/week)
- Semi-regular (1 to 2 times/week)
- Sporadic (1 to 2 times/month None)

Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs including specific experiences at the Rec?

- No
- Yes (please explain)

Check the number that corresponds to the response which best describes you for each of the following statements. (1=low ability/interest, 5=high ability/interest)

	1	2	3	4	5
Importance of completion during exercise					
How hard do you like to be pushed or motivated during exercise					
Present cardiorespiratory (aerobic) fitness					
Present muscular fitness					
Present flexibility					

Do you start exercise programs but then find yourself unable to stick with them?

- No
- Yes (please explain)

Are you currently involved in regular cardiorespiratory (aerobic) exercise?

- No
- Yes (please specify the type of exercise) If

yes, please answer the following:

Minutes per day Days per week

If no, why did you stop or why do you not exercise currently?

Are you currently involved in a regular weight training program?

# Kansas State Salina Recreation Services Personal Training Application

No

Yes (please specify the type of exercise) If

yes, please answer the following:

Minutes per day:

Days per week:

Rate what you fee is your level of exertion for your current exercise program:

	Light	Fairly Light	Somewhat Hard	Hard

What other exercise, sport or recreational activities have you participated in the last six months?

What type of physical activity do you consider "fun"?

Have you ever experienced soreness after a workout?

No

Yes

If yes, please check the number that best applies to the experience.

1 (Pleasurable)

2 (Tolerable)

3 (Never want to experience it again!) Do you experience any chronic pain?

No

Yes (please explain where)

On average, how many hours of sleep do you get in a 24-hour period?

9-10

8

7

6 or less

Are you a cigarette smoker?

No Yes

If yes, please answer the following:

How many per How long have day? you smoked?

Did you previously smoke cigarettes?

No

Yes (When did you quit?) Do

you drink alcoholic beverages?

No

Yes

If yes, please answer the following:

Drinks per day:

Drinks per week:

Please list any other considerations or information your trainer should be aware of before getting started. (ex. medications, supplements, injuries, exercise or activities you can't/won't perform, effective motivation techniques for you, etc.)

## **Nutrition Questionnaire**

Are you currently on a special diet? (i.e. vegetarian, low-carb, high protein, etc.)

# Kansas State Salina Recreation Services Personal Training Application

No

Yes (please describe)

Are you currently taking any vitamin or nutritional supplements?

No

Yes (please describe) Do

you feel you eat healthy most of the time?

Yes

No (please explain why not) Medical/Health

**Status Questionnaire:**

	Yes	No
Have you ever been told you have a heart condition?		
Have you ever had a heart attack?		
Have you ever been told you have high blood pressure?		
Have you ever had a stroke?		
Have you ever felt pain in your chest during exercise?		
Have you ever felt pain in your chest when at rest?		
Have you ever been told that you have high cholesterol?		
Has an immediate family member (parent or sibling) had a heart attack, stroke, or cardiovascular disease before 55 years of age?		
Have you ever lost consciousness or lost your balance due to dizziness?		
Do you have emphysema?		
Do you have chronic bronchitis?		
Are you pregnant?		
Do you have diabetes?		
Are currently being treated for any bone, orthopedic or joint problem that could be aggravated with physical activity?		
Have you been treated for any bone, orthopedic or joint problem?		
Have you had a hernia?		
Do you suffer from seizures?		

# Kansas State Salina Recreation Services Personal Training Application

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

If you are planning on becoming much more physically active then you are now, start by answering seven questions in the box 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: by selecting YES or 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 chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Do you know of any other reason 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 much 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 that 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.

*If you answer 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 or may be pregnant - talk to your doctor before you start becoming more active.

*Please note: If in doubt after completing this questionnaire, consult your doctor prior to physical activity. If your health changes so that you then answer YES to any of the former questions, tell your fitness or health professional. Ask whether you should change your physical activity.*

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

---

Name

Signature

Date

## **Waiver/Release:**

Before I meet with a Wildcat Personal Trainer, take part in fitness testing, or engage in a training program, I certify that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during fitness testing and/or exercise programs. I verify that I have contacted/will contact my doctor prior to becoming more physically active; as stated as a result of my health questions/condition responses, and will provide/have provided a medical clearance from my doctor if necessary. I understand and am aware that strength, feasibility, and aerobic exercise, including use of equipment, is a potentially hazardous activity. I also understand that fitness activities involved 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.

I do hereby release Kansas State University, the State of Kansas, and their agents, officers, and employees for any and all liability, even if arising from their negligence, and agree to indemnify and hold these parties harmless for any accidents, injury, loss, or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in Wildcat Personal Training. This release, indemnification, and waiver shall be construed broadly to the maximum extent available under applicable law.

I understand these services are non-refundable, non-transferable, and expire 90 days from date of my last training session.

I also understand my information will be kept in the trainer's possession from time to time to allow them to personalize my workout sessions. After sessions are completed my file will be filed in the Personal Trainer's Room here at the Rec Complex.



# Kansas State Salina Recreation Services Personal Training Application

Print Name

Kansas State Salina Recreation Services

Personal Training Application

Date

---

Signature