Fitness Personal Training Promotion Application

Thank you for your interest in our personal training Fitness Resolution Challenge with Boston College Campus Recreation. We are committed to helping Boston College students, faculty, staff and affiliates reach their fitness goals through a variety of services and programs. For a description of these services, please see our website, www.bc.edu/rec.

All members interested in signing up for this promotion must read and complete the Fitness Personal Training Promotion Application, which includes the application, policies, and health history questionnaire. Please fill out the forms with as much detail as possible.

The forms must be hand delivered in a sealed envelope with a signature across the seal to Member Services. In an effort to protect your privacy and medical information, we will not accept e-mailed, mailed or faxed forms. Upon review of the forms you turn in it may be required for you to provide a medical waiver. You will be notified by the Fitness Professional Staff if the medical waiver is necessary. Payment is required prior to receiving the service.

Only members of Boston College Campus Recreation are eligible to sign up for a fitness training service. Please keep in mind, we cannot guarantee placement with a specific personal trainer due to demand. If signing up for personal training, the client is assigned based on preferences, goals and trainer availability.

A final note on nutrition: Nutrition is an ever-evolving science. And, food is at the center. Food is a source of fuel, and enjoyment; it is not a source of stress or anxiety. In alignment with the Office of Health Promotion and iNourish, BC Rec personal trainers and group fitness instructors coach on food as nourishment, while honoring our clients’ relationships with food. All fitness staff are prohibited from providing meal plans and recommending supplements, as these topics are outside the scope of practice. Referrals for nutrition services will be made available when possible.

If you have any additional questions, please contact us. Congratulations and good luck as you work toward your personal health and fitness resolutions!

Yours in Health,

The Fitness Staff
fitness.center@bc.edu
Fitness Personal Training Promotion Application

Please check the fitness training service you are applying for:

☐ Private Training: Individual training with a personal trainer for 12 sessions (set dates and times)

☐ Buddy Training: Training for you and one additional person with a personal trainer for 12 sessions (set dates and times)
  Name of Buddy: __________________________________________
  ***both buddies must fill out separate forms

Name: ___________________________________________ Date: ______________

Eagle ID #: ___________________

Status (check one): ☐ Student ☐ Faculty/Staff ☐ Alumni ☐ Other

Email Address: ___________________________________________ Phone Number: ______________________

Preferred Method of Communication: ☐ Phone ☐ Email ☐ Other

1. In the past 3 months how often have you engaged in physical activity (i.e., exercise)?
   ☐ 3-4 times/week ☐ 1-2 times/week ☐ 1-2 times/month ☐ not at all in the past 3 months

2. What are your personal barriers to exercise (i.e., reasons you do not exercise)?

3. What types of exercise do you prefer?

4. Are you interested in working on any fitness goals? If yes, then please list your goal(s) below?

5. Please list any current or past injuries/health concerns that may affect your physical performance.
Personal Training Preferences

Please indicate 3 dates and times that you are available in the appropriate box. (ex. Afternoon: M, W 12-2pm)
Sessions for this promotion will be set and will not be available for any scheduling changes. There will be 12 sessions total, with 2 sessions per week.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Is there a personal trainer you would prefer working with or a type of trainer you would prefer working with? If you know the trainer you would like to work with, please write their name.


2. Please share any additional information that might be helpful in selecting a personal fitness trainer to meet your needs.


3. What type of information would you like your personal trainer to cover in your sessions with him/her?


For Professional Staff Use Only

Notes:


Fitness Training Services Policies

Below we have listed a few policies about our Fitness Training Services. Please read the following and initial to acknowledge agreement.

Payment
Payment for services is due to Member Services prior to participation in any Fitness Training Service.

Scheduling/Cancellations
The scheduling of assessments and personal training sessions is done through the Fitness Coordinator and will be set for the entirety of the promotion (12 sessions). The scheduling of these sessions cannot be altered once set.

Private Cancellation Policy: Cancellations will result in a loss of the session for this promotion.

Buddy Cancellation Policy: Cancellations will result in a loss of the session for this promotion. Cancellation of one buddy results in loss of the session – both partners are required to be present for the session.

Tardiness
Personal training clients are expected to begin their session 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. Trainer will wait 15 minutes at the start of the scheduled session, and then the client will lose the session.

Buddy training participants: please be on time to ensure participation in the warm-up which is important for your safety. If you are going to be late, then please notify your trainer in advance.

If the trainer is tardy the client has the right to either ask the trainer if he/she can complete the full session as planned, or to contact the Fitness Coordinator, petersrx@bc.edu, for further action pertaining to rescheduling.

Health Status
As a participant in Fitness Training Services it is important that you notify your trainer of any prescription changes or medical conditions should they occur during your time working with a trainer.

Refunds
Registration for resolution promotion training is non-refundable unless due to a medical reason with a doctor’s note.

I verify that I understand and will abide by these policies.

Client Signature ________________________________ Date ____________________
Health History Questionnaire

Name (Please Print) ______________________________________

Date of Birth ____/____/_____ Height _________ Weight ________________ Gender  M  F

Section 1 – General Health

Please check all medical problems you have experienced within one year (unless indicated otherwise). If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.

Check if you have a history of the following:

☐ Heart attack
☐ Heart surgery
☐ Cardiac catheterization
☐ Coronary angioplasty (PTCA)
☐ Pacemaker / implantable cardiac defibrillator / rhythm disturbance
☐ Heart valve disease
☐ Heart failure
☐ Heart transplantation
☐ Congenital heart disease

Check if you have any of the following health issues:

☐ You have diabetes
☐ You have asthma or other lung disease
☐ You have burning or cramping sensation in your lower legs when walking short distances
☐ You have musculoskeletal problems that limit your physical activity
☐ You have concerns about the safety of exercise
☐ You are pregnant

Check if you experience the following symptoms:

☐ You experience chest discomfort with exertion
☐ You experience unreasonable breathlessness
☐ You experience dizziness, fainting or blackouts
☐ You take heart medications

☑ If you checked any of the statements in this section, please have your doctor complete the medical release prior to submitting your application.
Section 2 – Cardiovascular Risk Factors

☐ 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 postmenopausal
☐ You smoke, or quit smoking within the previous 6 months
☐ Your blood pressure is greater than 140 / 90 mm Hg
☐ You take blood pressure medication
☐ Your blood cholesterol is greater than 200 mg/dL or HDL < 35 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 physically inactive (you get less than 30 minutes of physical activity on at least 3 days/week)
☐ You are greater than 20 pounds overweight (could remove, but still listed as CVD risk factor everywhere – may need to keep for liability reasons.)

If you checked 2 or more of the statements in this section, please have your doctor complete the medical release prior to submitting your application.

Section 3 – SCOFF questionnaire plus 2 additional questions

☐ Do you make yourself sick because you feel uncomfortably full?
☐ Do you worry you have lost control over how much you eat?
☐ Have you recently lost more than 13 lbs in a three-month period?
☐ Do you believe yourself to be fat when others say you are thin?
☐ Would you say food dominates your life?
☐ Are you satisfied with your eating patterns?
☐ Do you ever eat in secret?

If you checked 2 or more of the statements in this section, please have your doctor complete the medical release prior to submitting your application.

Please list all medications you take on a regular basis:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Please sign below if in agreement:
I have read and understood the questions asked. I verify that all the information noted above is accurate to the best of my knowledge.

Client Signature: ___________________________________ Date: __________________

Emergency Contact Name, Relationship, and Phone Number:
______________________________________________________________
Medical Release

Dear Primary Care Provider:

Your patient ________________________________ is participating in Boston College Campus Recreation’s personal training program. Your signature as his or her healthcare provider indicates that your patient is medically cleared to participate in fitness training provided by Boston College Campus Recreation. Without your consent your patient will not be able to participate. Boston College Campus Recreation is not a medically supervised facility and does not provide rehabilitative services as they are beyond our scope of practice.

Report of Primary Care Provider

☐ I know of no reason why the applicant may not participate

☐ I believe the client can participate, but I urge caution because:

________________________________________________________________________

________________________________________________________________________

☐ The client should not engage in the following activities:

________________________________________________________________________

________________________________________________________________________

☐ I recommend that the client NOT participate

Please include any other recommendations or restrictions on a separate page.

_________________________________________  ______________________________
Health Care Provider’s Signature                Date

_________________________________________  ______________________________
Health Care Provider (MD, DO, PA-C, or NP)     Office Phone

To protect your privacy: Please do not fax, mail or email this form. This form must be hand delivered to Member Services in a sealed envelope with your signature across the seal.