Personal Training

Thank you for your interest in personal training services at Boston College's Flynn Recreation Complex. Our personal training program meets the needs of all types of clients, regardless of experience or skill level. However, members of the Flynn Recreation Complex and non-members who hold a valid Boston College ID must apply for personal training.

Before training can begin, all applicants must complete the Personal Training Application, which includes the application, policies, health history questionnaire, and PAR-Q. 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 Graduate Assistant of Personal Training if the medical waiver is necessary.

Once we receive all of your completed forms the Graduate Assistant of Personal Training will contact you. Please allow up to 72 hours for processing. The client is assigned based on preferences, goals and trainer availability. After the client has been assigned a trainer, he/she can pay for the session(s) at Member Services.

Our staff is committed to helping Boston College students, faculty, staff and affiliates reach their fitness goals through a variety of services and programs. Please visit our website for more information:

www.bc.edu/rec

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

Yours in Health,

The Fitness Staff

E-mail: fitness.center@bc.edu

Personal Training Application

Name _____

Date _____

Status (student, staff, etc…) _____

Email Address _____

Phone Number _____

Emergency Contact Name & Relationship _____

Emergency Contact Phone Number _____

1. How many days per week would you like to train? We recommend a minimum of two times per week.

_____

2. When are you available to work with a trainer (days/times)?

_____

3. How often do you currently exercise?

_____

4. What types of exercise do you prefer?

_____

5. What fitness goals would you like to work on achieving with a personal trainer?

_____

Personal Training Policies

Scheduling

Once the client has been assigned a trainer, the client must pay with Member Services. Once the payment has been received the trainer will contact the client to set up an initial assessment and subsequent training sessions. Do not contact Member Services in regards to any scheduling.

Cancellation/Rescheduling Policy

If you need to cancel or reschedule a session, please call your trainer. If you are unable to reach your trainer directly please leave a message and email them.

Cancellations and rescheduling require 8-hours notice. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.

Example: The client calls the trainer at 6:30 a.m. and explains that he/she is stuck in traffic and will not make the 7 a.m. session. The trainer must still charge them for the session.

The trainer should practice the same courtesy and provide 8 hours notice to the client for any session cancellations. If a trainer cancels a session then he/she will contact the client to reschedule.

Tardiness Policy

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. Trainers will wait only 15 minutes for clients to show for a scheduled session. After 15 minutes, the session will be lost and the client will be charged for the session.

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 reschedule the session.

Session Payment

Payments for all session(s) need to be made in advance of the session(s). Payments must be received by Member Services before the session can be scheduled.

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

Client Signature_____ **Date**_____

Health History Questionnaire

Name (Please Print) _____**Phone #** _____

Date of Birth ____/____/_____ **Height** _____ **Weight** _____ **Gender M F**

Emergency Contact (Please Print): _____**Phone #** _____

Section 1

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. The Graduate Assistant of Personal Training will notify you if we require a medical waiver from your health care provider prior to participation.

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 experience the following symptoms:

_____You experience chest discomfort with exertion

_____You experience unreasonable breathlessness

_____You experience dizziness, fainting or blackouts

_____You take heart medications

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

Section 2

If you marked two or more of the 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 professionally qualified exercise staff. The Graduate Assistant of Personal Training will notify you if we require a medical waiver from your health care provider prior to participation.

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 do not know your blood pressure

_____You take blood pressure medication

_____Your blood cholesterol is greater than 200 mg / dL or HDL < 35 mg/dL

_____You do not know your blood cholesterol level

_____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

List all medications you take on a regular basis:

Medication Reason

1._____

2._____

3._____

4._____

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_____