



Dear UWGB Student, faculty/staff, or Kress Member,

Thank you for your interest in our personal training program! Before getting started, please complete the following forms to help us place you with the trainer best suited to help you meet your fitness goals.

Once you have read and completed the enclosed documents, please return the packet to the UREC front desk. After we have reviewed your applications, and are able to place you with a trainer, you will receive an email connecting you with your trainer.

More information on package prices and the personal training program in general can be found on the additional handouts provided or online at uwgb.edu/urec. If you have any questions, please don't hesitate to ask! Again, thank you for choosing our program. I look forward to getting you set up and working towards your goals!

Thank you,

Alex Reichenberger
FITNESS COORDINATOR
UW-Green Bay | University Recreation
p: 920.465.2836 | e: reichenana@uwgb.edu

PERSONAL TRAINING/PEP INTEREST FORM



Name _____

Date of Birth _____ Gender: M / F / Non-binary / Prefer not to say

Phone Number _____ Email _____

Emergency Contact _____

Relationship _____ Phone _____

What is the fastest way to reach you?

- ☐ Email ☐ Phone Call ☐ Text ☐ Other: _____

What is your membership status? *This status determines pricing. Only students and members are eligible for personal training. If you are not a student or member, you will have to purchase a membership to receive training.*

- ☐ Student ☐ Kress Member ☐ Faculty/Staff

Have you worked with a personal trainer in the past? ☐ Yes ☐ No

If yes, why did you stop training?

- ☐ lack of results ☐ trainer no longer available ☐ too expensive
☐ obtained desired results ☐ poor match with trainer ☐ other _____

Please select your trainer preference:

- ☐ Male trainer ☐ Female trainer ☐ No preference
☐ Trainer Name: _____

What is your primary fitness goal?

- ☐ Weight Loss ☐ Strength Gain
☐ Toning/Reshaping Body ☐ General Health
☐ Other _____

Why is this goal important to you?

For Personal Training: How many sessions per week are you interested in? _____ sessions/week

Place an "X" by your preferred day and time for training. *The greater your availability, the more options you have.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Mid-Day							
Evening							
Flexible							

Details: _____

Please list any additional comments, accommodations, or information you'd like us to consider.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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

If you are planning to become much more physically active than you are now, start by answering the 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: check YES or NO.

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 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 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:

- 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. 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 much more physically active.

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.

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.

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 _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.