



## Intramural/Recreational Sports

University of Arkansas

### Fitness Programs Registration Packet

Congratulations on your interest in a healthy lifestyle that includes regular physical activity! The following packet contains information about Personal Fitness Training programs offered by IMRS, as well as the necessary registration materials. This packet contains a General Information section and a Registration Form section. For additional questions, please call the Intramural/Recreational Sports office at 575-4646.

## General Information

### Programs and Services

Whether you are an experienced exerciser or just starting out, the following programs are personalized for your specific goals and interests.

#### **Fitness Express**

Designed for the individual desiring an introduction to exercise principles and techniques, or who is looking for new routine ideas. Package includes three 30-minute sessions with the following emphases:

Session 1: Beginning fitness instruction including exercise principles and guidelines, strength training and machine mechanics, as well as alignment, technique, and training zones for cardiovascular exercise

Session 2: Basic sample workout that includes major muscle groups

Session 3: Intermediate sample workout that gives options for progression

*Price:*

Student member: \$36.00, HPER member: \$45.00

#### **Jumpstart**

Designed for the beginner desiring to establish an exercise routine in a limited amount of time.

Emphasis is on cardiovascular guidelines and strength training workouts, as well as on-your-own assignments for out-of-session workouts. Package includes six 1-hour sessions and a MicroFit pre-test fitness assessment.

*Price:*

Student member: \$120.00, HPER member: \$145.00

### **Kickstart**

Designed to provide long-term guidance and accountability to an exercise program. Emphasis is on weight management, cardiovascular guidelines and strength training workouts, as well as on-your-own assignments for out-of-session workouts. Package includes twelve 1-hour sessions, as well as pre-test and post-test MicroFit fitness assessments.

*Price:*

Student member: \$225.00, HPER member: \$250.00

### **Functional Fitness**

Designed to address and improve activities of daily living for individuals needing specialized consideration such as older adults, diabetics, expectant mothers, or obese individuals. Emphasis is on learning to modify exercise programs based on individual needs and limitations. Training focuses on balance, coordination, muscular strength and endurance, and the establishment of appropriate physical activities to sustain health and wellness. Package includes twelve 1-hour sessions, as well as pre-test and post-test MicroFit fitness assessments. Financial assistance is available for individuals with physical disabilities registered with the Center for Accessible Education. A physician clearance (included in this packet) is required to register for this program.

*Price:*

Student members and HPER members \$200.00

### **Performance Package**

Designed for the individual with a specific fitness goal in mind, such as agility, power, or endurance training. Package includes either four or eight 30-minute training sessions, as well as weekly specific goal-setting with your trainer.

*Price:*

4-Pack: Student members \$60.00, HPER members \$75.00

8-Pack: Student members \$120.00, HPER members \$150.00

### **Individual Sessions**

One-hour sessions for those who already have an established relationship with a trainer and wish to do continuous training.

*Price:* Student members \$16, HPER members \$20

### **Assessment Plus**

Fitness assessments address any health related concerns and sets forth goals to start new exercise programs. Physiological testing is also done to determine baseline measurements, identify areas for improvement, assess progression, and educate the client. The following software is used to perform fitness assessments:

*MicroFit*: Tests seven dimensions of fitness including weight, heart rate, blood pressure, body composition, cardiorespiratory endurance, muscular strength, and flexibility.

*Korr Meta-check*: This metabolic testing software measures resting metabolic rate, caloric output based on lifestyle and daily activity, as well as energy/calorie expenditure during exercise. This assessment is useful in determining an individual's unique caloric needs and nutrition planning.

#### *What to do on the day of your assessment*

Do not exercise or consume caffeine prior to your assessment. Water should be consumed throughout the day. Wear comfortable clothing such as athletic shorts and a sports bra. The trainer will need access to skin on the thigh, tricep, hip, and midriff for body composition testing.

*Price*: Student members \$25, HPER members \$35

### **What you can expect from your trainer**

- You will be contacted by an IMRS representative within 5 days of your session purchase. Session dates and times are subject to agreement between the client and trainer based on availability. Although all efforts will be made to match clients with preferred trainers, availability may prevent specific trainer assignments.
- Trainers will consult with you regarding your specific goals, as well as concerns and limitations. The more information that you can provide, the more effectively your trainer will be able to serve you.

### **What your trainer can expect from you**

- All sessions must be utilized within six months of purchase, or they are void. Any sessions that remain unused for any reason will not be refunded. Cancellations not made 24-hours in advance of the scheduled session will be forfeited by the client. Please provide responsive communication, and notify your trainer of any changes in contact information.
- Your trainer will ask about any conditions of concern indicated in your health history. In some cases, a physician clearance may be requested.
- In order for your trainer to maximize your time together, please be physically prepared to start your session by completing any necessary warm-up ahead of your appointment.

### **Fitness Center rules**

Personal belongings are not permitted in the Fitness Center. IMRS offers lockers to secure your belongings. Children under 12 are not permitted in the Fitness Center, and children under 16 must be accompanied by a parent at all times. IMRS does not offer childcare. Water must be in resealable containers, and food is prohibited. Jeans, open-toed shoes, and bathing suits are prohibited in the Fitness Center.



## Registration Form

**Detach and return to the IMRS office located in HPER 225. Payment must be received at the time of registration. Participants must have all portions of packet completed. Physician clearance form is required for Functional Fitness package participants and may be required for participants who check "yes" for any listed conditions.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Trainer preference: \_\_\_\_\_

Date/time preference: \_\_\_\_\_

### Part I: Package Selection (please check)

<i>Package Name</i>	<i>Student member</i>	<i>HPER member</i>	
Fitness Express	(\$36)_____	(\$45)_____	
Jumpstart	(\$120)_____	(\$145)_____	
Kickstart	(\$225)_____	(\$250)_____	
Functional Fitness	(\$200)_____	(\$200)_____	
Performance Package			
4-pack	(\$60)_____	(\$75)_____	
8-pack	(\$120)_____	(\$150)_____	
Assesment Plus	(\$25)_____	(\$35)_____	
Individual Session	(\$16)_____	(\$20)_____	Qty: _____

### Part II: Participation Agreement

I understand the following refund policies of the Intramural/Recreational Sports Personal Training program:

All sessions must be used within 6 months of purchase. Sessions held 6 months after purchase will become void. Any sessions that remain unused for any reason will not be refunded. Cancellations not made 24-hours in advance of the scheduled session will be forfeited by the client. IMRS does not refund for programs affected by restricted parking.

\_\_\_\_\_ (Initial)

**Part III: Health History Disclosure**

Have you, or an immediate family member, now or in the past experienced: *Check all that apply.*

<b>You</b>	<b>Family</b>		<b>You</b>	<b>Family</b>	
_____	_____	Chest Pain	_____	_____	Asthma
_____	_____	Heart Attack	_____	_____	Bursitis
_____	_____	Heart Disease	_____	_____	Arthritis
_____	_____	Pacemaker	_____	_____	Tendonitis
_____	_____	High blood pressure (>140/90)	_____	_____	Muscle Injury
_____	_____	Diabetes mellitus	_____	_____	Joint injury
_____	_____	Cancer	_____	_____	Smoking
_____	_____	Currently pregnant/postpartum	_____	_____	Dizziness
_____	_____	Depression	_____	_____	Osteoporosis
_____	_____	Low back pain	_____	_____	High Cholesterol (total > 200)
_____	_____	Nutrition related disorder			

If you have checked any above, please explain below:

List all medications you are currently taking:

When exercising, do you feel any of the following?

\_\_\_\_\_ Chest pain

\_\_\_\_\_ Leg aches

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Dizziness

\_\_\_\_\_ General fatigue

\_\_\_\_\_ Pressure over the heart

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### Part IV: Release of Liability

In consideration of being permitted to participate in fitness programs and personal training sessions, which may consist of warm-up, flexibility activities, cardiorespiratory activities, muscular strength and endurance activities, and fitness assessments: I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for accepting such exercise and assistance.

\_\_\_\_\_ (Initials)

There exists the possibility of certain physiological changes during the program. These include elevated heart rate, muscle or joint pain, abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. I hereby acknowledge and accept these risks.

Information that I provide about my health status or previous experiences of heart-related symptoms with physical effort may affect the safety of this program. I accept responsibility for fully disclosing my medical history, as well as symptoms that may occur during the program. To my knowledge, I do not have any limiting physical condition or disability which would preclude an exercise program. I understand that I am responsible for monitoring my own condition throughout exercising, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include, but are not limited to the following: chest discomfort, nausea, difficulty in breathing, and joint or muscle pain or strains.

\_\_\_\_\_ (Initials)

An examination by a physician should be obtained by all participants prior to involvement in an exercise program. If a participant refuses to obtain a physician's consent, he/she must sign the following statement:

I, \_\_\_\_\_, have been informed of the need for a physician's approval for participation in a progressive exercise and fitness program. I fully understand the strenuous nature of the program and accept complete responsibility for my health and well-being in the voluntary exercise and fitness program and related testing.

\_\_\_\_\_ (Initials)

Other risks of participation in Fitness/Wellness classes and programs include, but are not limited to: trips, falls, collisions, sprains, strains, cuts, bruises, lacerations, broken bones. I understand that the risks and dangers of participation are real. I am still interested in participating and will hold harmless for ordinary negligence the University, its instructors, all employees, the Intramural/Recreational Sports program, and any volunteers involved in this program. I agree that I, my heirs, or any family member will not hold the University negligent for any injuries that may occur during any part of the program. For the right to participate in this program, I freely sign away my rights to sue for negligence.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Part V: Personal Fitness Evaluation

The following questions assist your trainer in preparing and monitoring fitness goals. Please answer to the best of your ability and ask your trainer any questions that you may have.

1. Do you have any negative feelings toward or have you had any bad experiences with physical activity programs?
2. Do you have any negative feelings toward or have you had any bad experiences with fitness testing and evaluation?
3. Rate yourself on a scale of 1 to 5, with 1 indicating the lowest value and 5 the highest. Circle the number most applicable for you.

Characterize your present athletic ability:

1                      2                      3                      4                      5

Characterize your present cardiovascular capacity:

1                      2                      3                      4                      5

Characterize your present muscular capacity:

1                      2                      3                      4                      5

Characterize your present level of flexibility:

1                      2                      3                      4                      5

4. Are you currently involved in regular exercise?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of exercise? \_\_\_\_\_
5. What types of activities interest you?
6. What barriers do you think have prevented you in the past from beginning or adhering to an exercise program?
7. Rank your goals 1 to 10, where 1 is the most important to you:

Improve cardiovascular fitness	_____	Gain weight	_____
Reduce body fat level	_____	Enjoyment	_____
Reshape or tone body	_____	Increase strength	_____
Improve flexibility	_____	Increase energy level	_____
Lose weight	_____	Other (please explain)	_____

**Part VI: Medical Clearance Form (if necessary)**

Dear Physician:

Date \_\_\_/\_\_\_/\_\_\_

Your patient, \_\_\_\_\_, has applied to participate in one-on-one personal training with the University of Arkansas Intramural/Recreational Sports program, which requires your medical clearance 1) due to the “yes” response on the Health History Disclosure and/or 2) the individual is a member of a special population needing additional clearance to begin an exercise program.

Your patient will be involved in an exercise program that will be based on the ACSM’s standards for exercise. He/she will be participating in cardiovascular exercise, strength training, and flexibility exercises during their exercise appointments.

Please indicate below if you approve of your patient’s participation in our one-on-one personal training program. Thank you.

\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_ I believe the applicant may participate, but I urge caution because:

\_\_\_\_\_

\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_

\_\_\_ I recommend that the applicant NOT participate.

Physician signature \_\_\_\_\_

Physician name printed \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Please mail to : Katie Helms HPER 225 155 N. Stadium Dr. Fayetteville, AR 72701	Or fax to: Katie Helms 479-575-7008 (f) 479-575-4684 (p)
---	---