We are so pleased that you are making a commitment to your health and wellness through Personal Training! Our goal is to empower you so that you may exercise safely and effectively for life. Pages 1-2 are for your records.

Payments, Personal Training Registration Packets, and Medical Clearance forms should all be submitted to the Department of Sports and Recreation Administration Office Suites, room 1101, of the Student Recreation and Activities Center on the Kennesaw Campus or the Front Desk of the Recreation and Wellness Center on the Marietta Campus. Most of our documents including the Personal Training Registration packet and the Medical Clearance form can be found both on our website and through our offices.

Getting Started

- **Personal Training Registration Packet**: You must complete the Personal Training Registration packet prior to paying, scheduling, and beginning your personal training sessions.
- **Initial Screening**: The packet will undergo an initial screening to determine if you need Medical Clearance. You may be required to complete and return a Medical Clearance form if you check “Yes” to any questions on the PAR-Q Questionnaire or at any time at the discretion of your personal trainer. This form must be completed PRIOR to scheduling or purchasing any training sessions. You will be notified via email once your Medical Clearance is received.
- **Availability**: Once your packet has been screened, we will reach out to our Personal Trainers for availability. If a Personal Trainer is available, you will receive an email notifying you that you are ready to pay for the Personal Training package of your choice.
  - The time between submission of your packet and this email is determined by the availability you provide as well as available trainers.
  - You may request a personal trainer but may not get that trainer if he or she is unavailable.
- **Payment**: Payments can be paid in cash, check, or through your Owl Express account for KSU affiliates.
  - You will have 14 days from the time of the charge on your Banner Account to make a payment or a hold will be placed on your account.
- **Scheduling**: Personal Trainers schedule all PT Sessions. The personal trainer will contact you within 3-5 days after you pay for your sessions to schedule your initial consultation and OwlFit Assessment.
- **Purchasing additional sessions**: When sessions are complete, you may purchase additional training packages without the need of an OwlFit Assessment, if you have completed the OwlFit Assessment within one year of session purchase.
- **OwlFit Assessment and Initial Consultation**: The OwlFit Assessment and Initial Consultation will be your first appointment and included in the cost of purchasing a package. These assessments will last 1 and a half to 2 hours.
  - It is recommended that you perform a follow up OwlFit assessment following completion of session’s package.

**Patron Eligibility**:

- All members including students, alumni, faculty, and staff are eligible to register for personal training.
- If you have remaining sessions and lose membership to the Student Recreation and Activities Center and/or the Recreation & Wellness Center (i.e. expired membership, graduation, failure to take classes such as in the summer semester, etc.) you must repurchase a membership to continue sessions or must pay Daily Guest Pass fee to participate in the sessions.
- If in the event you schedule PT sessions and it is found that you are not eligible for any of the reasons outlined in this packet (for example: non-member, did not submit the required Medical Clearance, or submitted missing and/or incomplete paperwork), the Personal Trainer will not be able to train with you and the sessions will be forfeited.
- If your eligibility status and/or medical status changes for any reason, it is your responsibility to notify the Dept. of Sports and Recreation and provide any required supporting documentation in writing 3-5 business days after change.
- To receive student pricing, you must be taking the appropriate amount of hours in which the student recreation fee is paid.
General Information:

- You are expected to bring your KSU ID or membership pass to EVERY appointment.
- It is recommended that you schedule at least 1 appointment per week to get the entire benefit of the program.
- PT sessions are non-transferable, may not to be traded or given to other patrons, and may not be accumulated.
- Sessions not used after a period of 1 year of purchase, will be forfeited.
- If you purchase a partner training package, you must train with your partner at every session. Failure of either partner to attend each session will result in the session being docked for both partners.
- No Refunds will be given except in extreme circumstances. For example: termination of employment, formal leave of absence, changes in medical condition leading to physical limitations. You must provide proper documentation.
- At the completion of every semester and/or at the cessation of involvement with the PT program, you will have the opportunity to provide feedback.
- All information regarding your program and progress will be kept confidential and remain in our patron files for 3 years following the cessation of participation in the program. Personal Trainers are required to adhere to HIPAA guidelines (visit www.hhs.gov/ocr/privacy/ for more information) to protect any vital health information given.
- Program guidelines are subject to change each semester. The Department of Sports and Recreation will update the website, Personal Training Registration packet, etc. It is your responsibility to become familiar with program changes.
- At the end of each semester, incomplete packets will be shredded and discarded.
- If you have not worked with a personal trainer after one year, your packet will be archived.

Changes, Cancellations, Tardiness, and No Shows

- We understand that occasionally situations arise which warrant the need to make changes and ask that you make a good faith attempt to notify the Dept. of Sports and Recreation personal training staff as soon as possible.
- You are expected to provide at least a 24-hour notice of a cancellation and/or change. Please request confirmation from your trainer if notice was sent via text or voicemail. For last-minute changes, email is not preferred.
- If you are 15 minutes or less late, the session will only last until the end of the scheduled time. For example, if a session starts at 3:00pm and you arrive at 3:15pm the session will only last till 4:00pm.
- If you are more than 15 minutes late, the session will be considered a “no show” and the Personal Trainer will be under no obligation to train with you (see section on changes, cancellations, and no shows).
- If you schedule a personal training session and do not show up to your scheduled time, you will forfeit that session.
- If you are docked a session for a situation that you feel is unjust, you may file a session forfeit protest form. This form is intended for those cases of an extreme emergency (ex: Hospitalization). Documentation will be required at the time the protest form is submitted (resubmissions will not be accepted). If an exception is determined, all other penalties will apply. PT session forfeit protest forms are available in the Department of Sports and Recreation office. Protest forms will only be accepted for up to 30 days.

PLEASE KEEP FOR YOUR RECORDS
Personal Training Registration

Please Print Clearly

Name: ____________________________________________________________________________

(Last) (First) (MI)

Today’s Date: _______/_______/_______ Age: _______ KSU ID #________________________

(Month) (Day) (Year)

Male Female Prefer to self-describe______________________ Prefer not to say

Student Faculty/Staff Alumni/Affiliate Other/Community Member

Campus preference for personal training: Kennesaw Marietta

Email (KSU): __________________________________________ Phone: ____________________

Please note this email address will be used for correspondence.

How did you hear about our Personal Training program?

Friend Flier Class Tour Staff Member Other, please specify: ________________

Emergency Contact Name________________________________ Relation to You____________________

Emergency Contact’s Phone (primary)____________________ Secondary Phone________________

Participation in any activity within the Department of Sports and Recreation facilities is at the sole discretion and judgment of the member and at his or her own risk.

• I, the undersigned, have received the Personal Training packet and understand there are limitations to my participation as outlined in the Personal Training packet.

• I, the undersigned, certify that the information I have given in this packet is complete and accurate.

• I, the undersigned, certify that I understand the changes, cancellation, tardiness, and no show policy given in this packet.

• I, the undersigned, certify that I am at least 18 years old and have read and understood the conditions of my participation in this program.

Applicant’s Signature________________________________________ Date________________

Parent Signature__________________________________________ Date________________

(If under 18 years of age)

Office Use Only:

Date Received: ____________ Received By: ___________(Initial)

Date Contacted: ____________ Contacted By: ___________(Initial)
Please indicate which training package(s) you are/may be interested in purchasing:

Individual Training: 1 session ☐ 3 session ☐ 6 session ☐ 12 session ☐ 20 session ☐

Partner Training: 6 session ☐ 12 session ☐ 20 session ☐

Availability: Please indicate specific times in which you are available for personal training below.

Sunday: ____________________________________________________________

Monday: ____________________________________________________________

Tuesday: ____________________________________________________________

Wednesday: _________________________________________________________

Thursday: ___________________________________________________________

Friday: ______________________________________________________________

Saturday: ____________________________________________________________

Please indicate below if you would prefer a specific Personal Trainer (Male or Female?).

________________________________________________________________________

Please indicate below how many days per week you wish to meet with your Personal Trainer.

________________________________________________________________________
Exercise History and Lifestyle

Name ____________________________ Date __________________________

Demographic and Background Information:

1. What part of the Personal Training program MOST interests you? ______________________________

2. Have you participated in another personal training program previously either at another university or exercise facility?
   Yes   No   If yes, where? _______________________________________________

3. Height _________ ft.   Weight __________ lbs.

4. Any unexplained significant weight loss/gain?
   Within the last 6 months  Within the last year  No
   If yes, please explain _____________________________________________________________________________
   ____________________________________________________________________________________

5. Do you currently smoke or have you quit smoking in the last 6 months?
   YES   NO   UNSURE   I smoke (#)_____ cigarettes per day/week (circle one) for _______ years
   I smoked (#)_____ cigarettes per day/week (circle one) _______ years ago.

Exercise History:

1. Please choose your top 3 goals (circle)
   Lose fat   Gain muscle   Self confidence   Cardio fitness   Build strength
   Flexibility / mobility   Creating healthy habits   Learn correct form   Get comfortable in the gym   Diversifying workouts
   Sport performance   Increase quality of life   Physical appearance   Stress management   Other ______________

2. Were you a high School and/or college athlete?
   Yes   No   If yes, please specify________________________________

3. In the past 6 months, how often have you been engaged in physical activity?
   Regularly (3-4 times / week)
   Semi-regular (1 to 2 times/week)
   Sporadic (1 to 2 times/month)
   None

4. In what other exercise, sports, or recreational activities have you participated?
   In the past 6 months: ______________________________________________
   In the past few years: ______________________________________________
5. Are you currently involved in regular cardiorespiratory (aerobic) exercise?
   Yes      No
   If yes, please specify the type of exercise: ___________________________________________________________
   Days per week: ___________    Minutes per day: ___________
   If no, why did you stop or why do you not exercise currently? ________________________________________________

6. Are you currently involved in a regular weight-training program?
   Yes      No
   If yes, please specify the type of exercise: ___________________________________________________________
   Days per week: ___________    Minutes per day: ___________
   If no, why did you stop or why do you not exercise currently? ________________________________________________

7. Do you participate in some other physical activity that you would like to acknowledge:  YES [ ]   NO [ ]
   If yes, what is it: _______________________________________________________________________
   How long have you been engaged in this activity: ________________________________________________

8. Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light   (2) Fairly Light   (3) Somewhat hard   (4) Hard

9. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs including specific experiences at the Department of Sports and Recreation facilities)?
   Yes      If yes, please explain ________________________________________________    No

10. Do you start exercise programs but then find yourself unable to stick with them?
    Yes      If yes, please explain ________________________________________________    No

11. Have you ever experienced soreness after a workout?
    Yes      If yes, circle the best description of the experience:  a. Pleasurable   b. Tolerable c. Never want that again!
              No

12. Is there anything specific (activity, equipment, type of training, etc.) that you would like to make sure is included in your exercise program?

   _________________________________________________________________________________________

13. How much time are you willing to devote to an exercise program outside of your scheduled training sessions?
    Minutes per day ___________    Days per week ___________

14. What types of activities/programs do you consider fun and/or interest you? (Circle all that apply)
   Walking  Jogging  Strength Training
   Cycling (indoor or outdoor)   Elliptical striding  Other _________________
   Stair climbing  Swimming  Pilates

Last updated: 8/13/2019
Cardio Kickboxing  Club Sports  Balance Training
Dance-based Aerobics  Nature Bound Trips/Events  Plyometric Training
Intramural Sports  Bike Shop Services/Events  Climbing
Group Exercise  Water-based Aerobics  Yoga

15. Do you have any medical conditions, injuries (past or present), or other special considerations that may affect your ability to perform physical activity? If so, please describe:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

16. Are you currently taking any over the counter or prescription medications or drugs? If so, please list ALL:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Personal Training Informed Consent

I, ____________________________________, hereby voluntarily give consent to participate in Kennesaw State University’s Department of Sports and Recreation fitness program(s). I understand that the personal trainers at the Department of Sports and Recreation may be employees of Kennesaw State University.

Participation in a regular program of physical activity has been shown to produce positive changes in physical health. These changes include but are not limited to increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack, stroke, or death). I understand that every effort will be made to minimize problems by preliminary screening and observation during exercise.

I understand that I am responsible for monitoring my own condition throughout exercise, 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; chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in a fitness program, I agree to assume all risks of such fitness exercise, and hereby release and hold harmless the Board of Regents of the University System of Georgia, Kennesaw State University, KSU Department of Sports and Recreation, and their employees, supervisors, agents, representatives, or anyone affiliated with the Department, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness program.

At any time, I can stop exercising for any reason. If a trainer directs me to a specific exercise and I do not feel comfortable, I feel pain, or any other symptoms undesirable, the exercise will cease.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

I certify that I am at least 18 years old and have read and understood the conditions of my participation in this program.

Print Name _____________________________________________

Signature _______________________________________________  Date __________

Parent Signature _______________________________________  Date __________

(If under 18 years of age)
### 2018 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

#### GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.

<table>
<thead>
<tr>
<th>1) Has your doctor ever said that you have a heart condition OR high blood pressure?</th>
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<tr>
<td>YES</td>
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<tr>
<th>2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?</th>
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<td>YES</td>
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| 3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?  
Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise). |
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<tr>
<td>YES</td>
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</table>

| 4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?  
PLEASE LIST CONDITION(S) HERE: |
<table>
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<tr>
<td>YES</td>
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| 5) Are you currently taking prescribed medications for a chronic medical condition?  
PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: |
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<tr>
<td>YES</td>
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| 6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.  
PLEASE LIST CONDITION(S) HERE: |
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<tr>
<td>YES</td>
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<th>7) Has your doctor ever said that you should only do medically supervised physical activity?</th>
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<tr>
<td>YES</td>
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If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

**PARTICIPANT DECLARATION**

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness centre may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

**NAME** ____________________________  **DATE** ____________________________

**SIGNATURE** ____________________________  **WITNESS** ____________________________

**SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER** ____________________________

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If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

- **Delay becoming more active if:**
  - You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
  - You are pregnant – talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X at www.ePArmedx.com before becoming more physically active.
  - Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.