

OwlFit Small Group Coaching



Thank you for making a commitment to your health and wellness through our Small Group Coaching Program! Our goal is to educate you on how to exercise safely and effectively for life. Pages 1-2 are for your records.

Payments, Registration Packets, and Medical Clearance forms should all be submitted to the Department of Sports and Recreation Administrative 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. Packets may also be emailed to owlfit@kennesaw.edu using seureshare.kennesaw.edu (see below). Most of our documents including the Registration packet and the Medical Clearance form can be found both on our website and through our offices.

Online Packet Submissions: To securely submit your personal training packet online, please follow the steps below.

1. **Go to seureshare.kennesaw.edu** (Must be connected to KSU VPN network)
 - a. VPN download link, if needed: <https://uits.kennesaw.edu/vpn/index.php>
 - b. If unable to connect to VPN network, please notify us at owlfit@kennesaw.edu.
2. **Upload completed packet (PDF ONLY) and send secured link to owlfit@kennesaw.edu**
 - a. Check box for 1-time download
 - b. Set password to the first 4 letters of your last name (NO CAPS)
 - c. Set Time limit to “One Week”
 - d. Click send
 - e. Copy and paste the download page link and send it to owlfit@kennesaw.edu. Send as follows:
 - i. Subject line: (Your first and last initials) - PT PAR-Q
 1. Example: J.D. - PT PAR-Q

Getting Started

- **Small Group Coaching Registration Packet:** You must complete the Small Group Coaching Registration packet prior to paying and participating in our small group program. Upon submitting your registration packet, you will be added to the registration list for the small group. Once the small group has reached the minimum number of registrations you will be contacted by email to make your payment. No payment is made before minimum registration numbers are met.
- **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 Coach. If required, the Medical Clearance form must be received at least 5 days prior to the start of the Small Group Coaching program. If the form is not received by this time, the spot in the group will be forfeited. You will be notified via email once your Medical Clearance is received.
- **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.*

Patron Eligibility:

- All members including students, alumni, faculty, and staff are eligible to register for small group coaching.
- If you register for a small group coaching program and 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 instructor 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 Department of Sports and Recreation and provide any required supporting documentation in writing 3-5 business days after change.

General Information:

- Small group sessions are non-transferable, may not to be traded or given to other patrons, and may not be accumulated.
- Small Group Coaching involves a limited number of spots and if the trainings are full, you will not receive a spot.
- 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. Refunds are not available after the Small Group Coaching program begins.
- 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. All OwIFit staff members 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, Small Group 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.

Changes, Cancellations, Tardiness, and No Shows

- If the minimum number of participants is not met, the small group program may be cancelled. Participants will be notified via email not less than 24 hours before the start of the small group. Paid participants will have the option of requesting a refund or applying the funds toward Personal Training.
- Attendance to every session is not required; however, no refunds or make up opportunities will be provided for missed sessions.
- We understand that occasionally situations arise which cause conflict to your small group coaching schedule. When applicable, we ask that you make a good faith attempt to notify the Department of Sports and Recreation OwIFit staff as soon as possible so your instructor can plan accordingly.

PLEASE KEEP FOR YOUR RECORDS

OwFit Small Group Coaching

Please Print Clearly

Small Group Coaching Program you are registering for: _____

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

**If a student, are you currently enrolled in classes this semester: Yes No

Email (KSU): _____ Phone: _____

Please note this email address will be used for correspondence.

How did you hear about our Small Group 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 Small Group Coaching packet and understand there are limitations to my participation as outlined in the Small Group Coaching packet.
- I, the undersigned, certify that the information I have given in this packet is complete and accurate.
- 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)

Exercise History and Lifestyle

Name _____ Date _____

Background Information:

1. What part of the Small Group Coaching program MOST interests you? _____

2. Have you participated in another small group and/or personal training program previously either at another university or exercise facility?

Yes No If yes, where? _____

3. Height _____ ft. _____ in. 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. Do you have any previous experience that relates to this small group topic?

Yes No If yes, please describe _____

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 resistance-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 (Check box):

Light Fairly Light Somewhat hard 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 No
If yes, please explain _____

10. Do you start exercise programs but then find yourself unable to stick with them?

Yes No
If yes, please explain _____

11. Have you ever experienced soreness after a workout?

Yes, If yes, check the best description of the experience: Pleasurable Tolerable Never want that again!

No

12. Please describe any other considerations or information your Personal Trainer should be aware of that may affect your ability to perform physical activity?

Examples include medications, supplements, pregnancy, injuries, exercise or activities you can't/won't perform, effective motivation techniques for you.

Small Group Coaching 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 and/or group exercise instructors 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.

At any time, I can stop exercising for any reason. If a trainer or instructor 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)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I, the undersigned below, in consideration of my participation in all activities for physical fitness sponsored by the Department of Sports and Recreation (the "Department") or held at any of the Department's facilities, including, but not limited to, personal training, group fitness classes, and the use of equipment at any of the Department's facilities, acknowledge that I am aware that as a result of my participation in such physical activities, there are inherent risks, hazards, and dangers that cannot be eliminated regardless of the care taken to avoid injury. Such inherent risks, hazards, and dangers include, but are not limited to, scrapes, bruises, broken bones, pulled muscles, heart attack, and other major and minor injuries, up to and including death, and I freely assume all risks associated with such physical activities.

In consideration of my participation in activities for physical fitness, I, on behalf of myself and heirs, executors, administrators and next of kin, hereby release, covenant not to sue, and forever discharge Kennesaw State University, the Board of Regents of the University System of Georgia, and each of their respective parent, subsidiary, affiliated, or related companies, and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers of each of the foregoing entities (collectively "the Released Parties") of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in physical fitness activities any of the Department's facilities and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal.

I understand that this Waiver and Release includes any claims based on the negligence, action, or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered before, during or after such participation. I understand that the acceptance of this liability waiver, release, indemnity, and promise not to sue the Released Parties shall be effective during the date of your visit, and shall not constitute a waiver, in whole or in part, of sovereign or official immunity by any Released Party, its members, officers, agents and employees.

I declare that I have the skill level required to participate in physical fitness activities sponsored by the Department or held at any of its facilities. I acknowledge that it is my responsibility to secure appropriate medical insurance and that no such coverage is provided by the Released Parties. I further authorize medical treatment for myself, at my cost, if the need arises. In the event of a medical emergency, I authorize Kennesaw State University to communicate my condition, medical treatment and/or surgical services received, and any other information the University reasonably deems appropriate with the person(s) identified as an Emergency Contact. However, I understand and agree that notice to such contact(s) in advance of any medical treatment and/or surgical services is not required and may not be possible.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation in activities at any of the Department's facilities, and I agree to allow the reproduction, use, exhibition, display, broadcast, distribution, and creation of these materials on behalf of the University without limitation or compensation. I also agree that during the time I am involved with physical fitness activities at any Department facility, I will be bound by all rules, regulations, policies, procedures and guidelines of the facility, Department, Kennesaw State University and the Board of Regents.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia.

I CERTIFY I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE READ, UNDERSTOOD, AND ACCEPT THE TERMS OF THIS WAIVER AND RELEASE.

Participant Information (Please Print) Name: _____ Date _____

Signature of Participant: _____

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.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
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 <i>does not limit your current ability</i> to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

 **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.