

UVa Group Personal Training Registration

For students and IM-Rec members only

Individual Participant Information

Your Name _____ Sex _____ email _____

Home phone _____ Work phone _____

Local Address _____
 Street _____ City _____ State _____ Zip Code _____

Circle Status: Undergrad (Year _____) Graduate Student Faculty Staff Spouse VAF

Age _____ (NOTE: Physician's consent form **required** for males 45 and over and females 55 and over.)

Additional Group Members

1. _____ 3. _____ 5. _____

2. _____ 4. _____

Please Circle:

Fitness Assessment (required for each individual)	\$35
Group of 2	\$40(\$20 per person, per session)
Group of 3	\$45(\$15 per person, per session)
Group of 4	\$56(\$14 per person, per session)
Group of 5	\$65(\$13 per person, per session)

This Individual, No. of sessions purchased: _____ Total Cost: \$ _____

Sessions must be used within 6 months.

General Questions: Please be sure to fill in ALL of the information below to the best of your ability.

Times Group Prefers to Train:

Mon _____ Sat _____
 Tues _____ Sun _____
 Wed _____
 Thurs _____
 Fri _____

Facility Choice:

____ AFC
 ____ North Grounds Rec Center
 ____ Memorial Gym
 ____ Slaughter Rec Center

Health Risk Appraisal Questions: Do you now, or have you had in the past:

Chest Pain _____	Asthma _____
Heart Attack _____	Bursitis _____
Heart Disease _____	Arthritis _____
Pacemaker _____	Tendonitis _____
High Blood Pressure (>140/90) _____	Muscle injury _____
Diabetes Mellitus _____	Joint injury _____
Cancer _____	Smoking _____
Pregnant/Postpartum _____	Dizziness _____
Depression _____	Osteoporosis _____
Low Back Pain _____	High Cholesterol _____
Nutrition Related Disorder _____	(total > 200)

If you checked any of the above, please explain below:
 Additionally, please list all medications.

Welcome to Personal Training with the UVA Intramural Recreational Sports Fitness Department. We have a knowledgeable, talented staff that will assess your fitness level and design an exercise program that will meet your personal needs and goals. To get the most from your session(s), please observe the following:

For Group Personal Training:

- Sessions must be purchased and conducted in a group session. If an individual in the group cannot make a scheduled group session, it **cannot** be made up on an individual basis. It is important to schedule the sessions when all members of the group are available.
- Group Personal Training sessions must be conducted during non-peak hours for maximum benefit. It is recommended that sessions be conducted Monday through Fridays 6am-4pm OR after 7pm. Weekend hours are more flexible and can be discussed with your personal trainer.

Additionally:

- Physician's Consent is required for men over 45 and women over 55 OR for anyone with a pre-existing medical condition prior to training.
- Within 10 business days, **your personal trainer will contact you directly to schedule your initial fitness assessment and/or training session(s).**
- To cancel a training session, you must contact your trainer directly with 24 hours advance notice, unless of an emergency. Sessions canceled with less than 24 hours notice will be counted as used sessions.
- Your sessions must be used within six months of your purchase date.
- Please wear exercise clothing to all sessions and assessments. Appropriate clothing includes athletic shoes, sweat pants and shirts, t-shirts, shorts, and/or tights.
- Arrive on time to your scheduled appointment. Trainers will wait 15 minutes for late arrivals. After 15 minutes, the session will be counted as a "no show" and counted as a used session.
- Sessions are approximately 1 hour.
- Sessions are **nonrefundable**.
- Fitness Assessment includes:
 - Submaximal cardiovascular fitness testing
 - Flexibility assessment
 - Blood Pressure screening
 - Body Fat analysis
 - Muscular Endurance assessment
 - Movement Quality assessment

By signing below, you agree to the above training policies:

Signature

Date

Participant Assumption of Risk:

I understand that participation in any physical activity involves inherent risks and that even when safety precautions are utilized, injuries can occur. I also understand that if I experience unusual pain or physical discomfort during participation in any activity, I will decrease or stop exercising and inform the instructor of my symptoms. I am aware that personal health/accident insurance is my responsibility. I claim that to the best of my knowledge, I do not have any medical or physical disability that will preclude my safe participation in this program.

Signature

Date

For comments questions or concerns please contact Erica Perkins, Fitness Director or Kelly Bernier, Assistant Fitness Director at 924-3791 or fitness@virginia.edu