

City of Arnold Personal Training Registration Packet

Registration:

1. Complete the Personal Trainer Registration Packet.
2. Payment for packages must be paid in full at the Arnold Recreation Center front desk. Cash, personal check, Visa or MasterCard may be used to make payment. Personal Trainers are NOT allowed to accept payment
3. Before scheduling first appointment, turn in completed Personal Trainer Registration Packet. (Pick up at the front desk at the time of purchase or on our website at www.arnoldmo.org)
4. A physician's clearance form may be required after your packet has been reviewed
5. Contact the Arnold Recreation Center at 636-282-2380 to schedule appointments
6. Personal training clients are expected to adhere to all Fitness Center and Facility policies

Lisa Norris Personal Training rates are as follows

	1 session	3 Sessions	5 sessions	10 sessions	20 Sessions
Member/Resident	\$55	\$160	\$260	\$500	\$975
Non-Member	\$65	\$180	\$310	\$600	\$1175
County/Corporate	\$60	\$175	\$285	\$550	\$1075

New Client Special Price for Lisa 2 one-hour sessions for \$70. This is only for first time users

Sessions: Sessions are 60 minutes. * Please be ready to begin each session at your scheduled appointment time. Meeting location will be at the Fitness Desk. Please make sure you are properly checked into the facility.

Training sessions will begin promptly at the time agreed upon by the client and trainer. Trainers schedule consecutive appointment, sessions must begin and end on time.

Cancellation Policies:

24-hour cancellation notice is required. Should the client wish to reschedule an appointment, client should notify the Manager on Duty. All fees are non-refundable.

If the request to cancel or reschedule an appointment is placed less than 24 hours prior to the appointment, regardless of the facility hours, the client will be charged for the appointment.

Sessions will be cancelled if a client is 15 minutes late and the session would be forfeited. If client is late, the session will not be extended beyond the agreed upon time.

Refunds:

Refunds will only be issued in the case of death, medical, or military with documentation.

Arnold Recreation Center Personal Trainer Application

DATE: _____ NAME (LAST, FIRST, MI): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ 2ND PHONE: _____

E-MAIL ADDRESS: _____

PACKAGE PURCHASED: (please write the package that was purchased including the resident/member/non-member))

DATE

STAFF NAME

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Session 5 _____

Session 6 _____

Session 7 _____

Session 8 _____

Session 9 _____

Session 10 _____

Session 11 _____

Session 12 _____

Session 13 _____

Session 14 _____

Session 15 _____

Session 16 _____

Session 17 _____

Session 18 _____

Session 19 _____

Session 20 _____

Amount Paid _____ **Check** ___ **Cash** ___ **Credit card** ___ **Staff name** _____

PERSONAL HEALTH HISTORY

Name _____ Today's Date _____

Address _____

Home phone _____ Work phone _____

Gender male or female _____ Age _____ Birthdate _____ Weight _____ Height _____

Physician's name _____ Physician's phone _____

Does your physician know that you are participating in an exercise/fitness program? yes _____ no _____

Date of last physical examination _____

Are you taking any medications? no _____ yes _____ (Please list medications and reasons for usage below)

Are you taking any vitamins? no _____ yes _____

Do you now, or have you had in the past: **Please Write Yes or NO**

1. History of heart problems, chest pain or stroke? _____
2. Increased blood pressure? _____
3. Any chronic illness or condition? _____
4. Do you ever get dizzy, lose your balance or lose consciousness? _____
5. Difficulty with physical exercise? _____
6. Advice from physician not to exercise? _____
7. Recent surgery (last 12 months)? _____
8. Pregnancy (now or within last 3 months)? _____
9. History of breathing or lung problems? _____
10. Swollen, stiff, or painful joints? _____
11. Foot problems? _____
12. Back problems? _____
13. Any significant vision or hearing problems? _____
14. Diabetes or thyroid condition? _____
15. Cigarette smoking habit? _____
16. Do you ever drink alcoholic beverages? _____
17. Increased blood cholesterol? _____
18. History of heart problems in immediate family? _____
19. Hernia, or a condition that may be aggravated by lifting weights? _____
20. Do you have asthma?

Please explain any yes answers below. (If necessary use the back of this page)

Do you have any other medical conditions or problems not previously mentioned? If so, please explain.

FAMILY HISTORY

Father: Current age _____ Father's general health is: excellent ___ good ___ fair ___ poor ___

Reason for fair/poor health is? _____

Mother: Current age _____ Mother's general health is: excellent ___ good ___ fair ___ poor ___

Reason for fair/poor health is? _____

Siblings: Number of brothers _____ Number of sisters _____ Age range _____

Any health problems? Please explain. _____

Have any of your BLOOD relatives had: **Please Write Yes or NO**

- | | |
|---|--------------------------------|
| 1. Heart attack under age 50? _____ | 2. Stroke under age 50? _____ |
| 3. High blood pressure? _____ | 4. Elevated cholesterol? _____ |
| 5. Diabetes? _____ | 6. Asthma or hay fever? _____ |
| 7. Heart operations? _____ | 8. Obesity? _____ |
| 9. Leukemia or cancer under age 60? _____ | |

EXERCISE AND PHYSICAL ACTIVITY

For the following questions, please mark which best applies to you.

Are you currently involved in a regular fitness program? yes ___ no ___

Are you involved in physical activities of daily living? yes ___ no ___ (walking, gardening, etc.)

If yes, what type and how often? _____

Are you involved in cardiovascular exercise or a group fitness program? yes ___ no ___

If yes, what type and how often? _____

Are you involved in a strength training/weight lifting program? yes ___ no ___

If yes, what type and how often? _____

Are you involved in any sports? yes ___ no ___

If so, what sports and how often? _____

Waiver, Release, and Assumption of Risk

This form explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so please print your name legibly and sign the spaces provided at the bottom.

I, _____, have volunteered to participate in a program of physical exercise under the direction of and Personal Trainer of the Arnold Recreation Center and/or program at the Arnold Recreation Center, which will include, but may not be limited to, weight and/or resistance training, cardiovascular training, and mat science training. In consideration of the Personal Trainer's contract to instruct, assist, and train me. I do here and forever release and discharge and hereby hold harmless the Personal Trainer and the City of Arnold from any and all claims, demands, rights of action, or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including injuries resulting there from. This waiver and release of liability includes, without limitation, injuries, which may occur as a result of 1) equipment that may malfunction or break 2) any slip, fall, drapping of equipment; and 3) our negligent instruction or supervision.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I recognize that all participants prior to involvement in any exercise program should obtain an examination by a physician. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with a Personal Trainer or program at the Arnold Recreation Center. I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercise in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve for this program. I understand that results are individual and may vary.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right my successors or I might have to bring a legal action or assert a claim against any personal trainer and the City of Arnold for his/her negligence or employees of the City of Arnold agents, employees or contractors.

Participant's Signature

Printed Name

Date