



## SRC FIT-WELL PERSONAL TRAINING PROGRAM INTEREST FORM

Date \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

S-Number: \_\_\_\_\_ Status: ☐ Student ☐ Faculty ☐ Staff

Have you worked with the SRC Personal Trainer before? ☐ Yes ☐ No

If yes, what trainer did you work with? \_\_\_\_\_

Do you prefer a male or female trainer? ☐ Male ☐ Female ☐ No Preference

Specific Trainer Requested? List Name(s) \_\_\_\_\_

Do you currently exercise on a regular basis? ☐ Yes ☐ No

What are your current fitness goals (please be as specific as possible)? \_\_\_\_\_

\_\_\_\_\_

Please choose which training package(s) you are/may be interested in purchasing:

- ☐ Fitness Session (1-hour) Amount of Sessions to Purchase: \_\_\_\_\_
- ☐ Starter Fitness Package ☐ Ultimate Fitness Package
- ☐ Buddy Session Package Name of Partner/Buddy: \_\_\_\_\_
- ☐ Comprehensive Fitness Assessment ☐ Fitness Consultation ☐ Health Assessment

*\*Please find detailed descriptions of packages and trainer profiles on our website at [www.rrcc.edu/src](http://www.rrcc.edu/src)\**

When are you available to train (**check all that apply - please be as flexible as possible**)?

| Sunday                                | Monday                              | Tuesday                             | Wednesday                           | Thursday                            | Friday                              | Saturday                              |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> 10:30am-12pm | <input type="checkbox"/> 6:30am-8am | <input type="checkbox"/> 6:30am-8am | <input type="checkbox"/> 6:30am-8am | <input type="checkbox"/> 6:30am-8am | <input type="checkbox"/> 6:30am-8am | <input type="checkbox"/> 10:30am-12pm |
| <input type="checkbox"/> 12pm-1pm     | <input type="checkbox"/> 8am-10am   | <input type="checkbox"/> 8am-10am   | <input type="checkbox"/> 8am-10am   | <input type="checkbox"/> 8am-10am   | <input type="checkbox"/> 8am-10am   | <input type="checkbox"/> 12pm-1pm     |
| <input type="checkbox"/> 1pm-3pm      | <input type="checkbox"/> 10am-12pm  | <input type="checkbox"/> 10am-12pm  | <input type="checkbox"/> 10am-12pm  | <input type="checkbox"/> 10am-12pm  | <input type="checkbox"/> 10am-12pm  | <input type="checkbox"/> 1pm-3pm      |
| <input type="checkbox"/> 3pm-5pm      | <input type="checkbox"/> 12pm-2pm   | <input type="checkbox"/> 12pm-2pm   | <input type="checkbox"/> 12pm-2pm   | <input type="checkbox"/> 12pm-2pm   | <input type="checkbox"/> 12pm-2pm   | <input type="checkbox"/> 3pm-5pm      |
|                                       | <input type="checkbox"/> 2pm-4pm    | <input type="checkbox"/> 2pm-4pm    | <input type="checkbox"/> 2pm-4pm    | <input type="checkbox"/> 2pm-4pm    | <input type="checkbox"/> 2pm-4pm    |                                       |
|                                       | <input type="checkbox"/> 4pm-6pm    | <input type="checkbox"/> 4pm-6pm    | <input type="checkbox"/> 4pm-6pm    | <input type="checkbox"/> 4pm-6pm    | <input type="checkbox"/> 4pm-7pm    |                                       |
|                                       | <input type="checkbox"/> 6pm-9pm    | <input type="checkbox"/> 6pm-9pm    | <input type="checkbox"/> 6pm-9pm    | <input type="checkbox"/> 6pm-9pm    |                                     |                                       |

*Please submit this form to the Student Recreation Center email, [src@rrcc.edu](mailto:src@rrcc.edu) (OR)  
please complete and drop this form off at the Student Recreation Center Membership Desk.*

**NOTE: Payment for personal training session(s) will ONLY be made once client/guest has successfully been placed with a trainer and completed application has been submitted and processed**

| Fitness Coordinator Use Only     |                       |
|----------------------------------|-----------------------|
| Date of paperwork received _____ | Date contacted _____  |
| Date client was placed _____     | Name of Trainer _____ |

# Student Recreation Center Personal Training Program Registration & Waiver Form

Please print legibly or type below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Email Address: \_\_\_\_\_ S-Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* Credit Cards (Visa, MasterCard, American Express, Discover) are acceptable forms of payment. NO CASH WILL BE ACCEPTED! \*\***

## SRC Personal Training Program policies:

- Each participant must sign a [this] waiver, a complete health and exercise history questionnaire and a PAR-Q form to be kept on file. These documents will be confidential between the Fitness Coordinator, personal trainer and the client.
- The personal trainer must be notified at least 24 hours in advance for cancellations; if notification is not at least 24 hours in advance or the session is missed (no call, no show) the participant will be charged for the session missed;
- Every client is given (1) excusal for either notifying their personal trainer with less than 24 hours' advance notice for a cancellation or for a no call, no show to a training session;
- With advanced notice, participants that show up late to a session will still be charged for the full session. Note that the training session will only continue for the duration of the scheduled session (i.e. if training session started at 1pm and client showed up at 1:15pm, the session will still end at 2pm – it will not be extended to 2:15pm);
- The personal trainer will wait up to 15 minutes (without prior notice from client) for client session(s). Trainers will leave after 15 minutes and count session as a no-call, no-show;
- Clients are to meet the personal trainer at the SRC Membership Desk at the scheduled appointment time, unless an alternate meeting place (must be on RRCC campus) has been agreed upon between client and the personal trainer.
- Note: The 'Ultimate Fitness Package' has a specific expiration date (8-weeks from purchase date). All other sessions can be used within 1-year from purchase date;
- Clients may not share personal training sessions with other SRC members;
- Refunds are provided on a case-by-case basis. Refunds are only available for sessions/percent of packages not already used.

## Red Rocks Community College Assumption of Risk for Participation in Recreational and Programed Activities

Each participant in the SRC Personal Training Program should realize that there are substantial risks, hazards, and danger inherent in such training. Each participant in the SRC Personal Training Program must be covered by an accident and health insurance policy. It is the responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparation, and training (as determined and instructed by the personal trainer). The College does not warrant or guarantee in any respect the competence or mental or physical condition of any personal trainer. The College also does not warrant or guarantee in any respect the physical condition or any equipment used in connection with the activity.

Therefore, in consideration of the benefits received from the Student Recreation Department, the undersigned assumes all risks of damages or injury, including death, that may be sustained by him/her/them while participating in any and all recreational activity or in travel to or from such activity.

## Release, Covenant Not to Sue, and Waiver

Personal Training involves an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned hereby agrees that for the sole consideration of Red Rocks Community College allowing the undersigned to participate in the SRC Personal Training Program for which or in connection with which the College has made available any equipment, facilities, grounds, or personnel for such training, the undersigned does hereby release, covenant not to sue, and forever discharge the State of Colorado, State Board for Community Colleges and Occupational Education ("SBCCOE" or "Board"), Red Rocks Community College ("RRCC" or "College" or "the College") and its trustees, officers, agents, and employees of any and for all claims, demands, rights, and causes of action of whatever kind or nature including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in any way connected with such recreational programs and activities. I understand that this Release, Covenant Not to Sue, Waiver, and Assumption of Risk shall cover any and all recreational and structured programing activities in which I participate. By signing this document, the undersigned hereby acknowledges that he/she/they has read the above carefully before signing, and agrees to comply with all the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian – one signature required if participant is 17 years old or younger:

Parent Name (Print Name) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Address and Phone: \_\_\_\_\_

# PAR-Q AND YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity?   |

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



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# HEALTH-HISTORY QUESTIONNAIRE



Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex ☐ M ☐ F

Physician's Name \_\_\_\_\_ Physician's Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

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Does your physician know you are participating in this exercise program?

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Describe any physical activity you do somewhat regularly.

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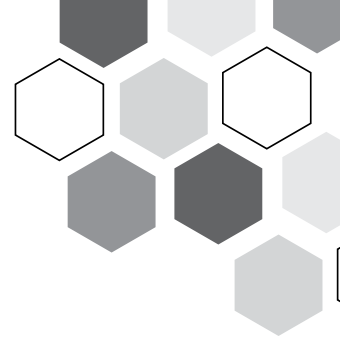
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Do you now have, or have you had in the past:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Elevated blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any chronic illness or condition   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty with physical exercise  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Advice from physician not to exercise  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recent surgery (last 12 months)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pregnancy (now or within last 3 months)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of breathing or lung problems  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Diabetes or metabolic syndrome  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Thyroid condition   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Cigarette smoking habit   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Obesity [body mass index (BMI) $\geq 30$ kg/m <sup>2</sup> ]                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Elevated blood cholesterol  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. History of heart problems in immediate family   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Hernia, or any condition that may be aggravated by lifting weights or other physical activity | <input type="checkbox"/> | <input type="checkbox"/> |



# EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE



Name \_\_\_\_\_ Date \_\_\_\_\_

*General Instructions:* Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15–20 \_\_\_\_\_ 21–30 \_\_\_\_\_ 31–40 \_\_\_\_\_ 41–50 \_\_\_\_\_ 51+ \_\_\_\_\_

2. Were you a high school and/or college athlete?

☐ Yes ☐ No If yes, please specify \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

☐ Yes ☐ No If yes, please explain \_\_\_\_\_

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

☐ Yes ☐ No If yes, please explain \_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Characterize your present athletic ability.        | 1 | 2 | 3 | 4 | 5 |
| When you exercise, how important is competition?   | 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 flexibility capacity.    | 1 | 2 | 3 | 4 | 5 |

6. Do you start exercise programs but then find yourself unable to stick with them? ☐ Yes ☐ No

7. How much time are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

☐ Yes ☐ No If yes, specify the type of exercise(s) \_\_\_\_\_

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (check the box):

☐ Light ☐ Fairly light ☐ Somewhat hard ☐ Hard

9. How long have you been exercising regularly? \_\_\_\_\_ months \_\_\_\_\_ years

*Continued on next page*



10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your work day? ☐ Yes ☐ No

12. Would an exercise program interfere with your job? ☐ Yes ☐ No

13. Would an exercise program benefit your job? ☐ Yes ☐ No

14. What types of exercise interest you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walking           | <input type="checkbox"/> Jogging              | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports    |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding  | <input type="checkbox"/> Yoga/Pilates      |
| <input type="checkbox"/> Stair climbing    | <input type="checkbox"/> Swimming             | <input type="checkbox"/> Other activities  |

15. Rank your goals in undertaking exercise: What do you want exercise to do for you?

Use the following scale to rate each goal separately.

|  | Not at all important |   |   | Somewhat important |   |   |   | Extremely important |   |    |
|--|----------------------|---|---|--------------------|---|---|---|---------------------|---|----|
| a. Improve cardiovascular fitness                | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| b. Lose weight/body fat                          | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| c. Reshape or tone my body                       | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| d. Improve performance for a specific sport      | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| e. Improve moods and ability to cope with stress | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| f. Improve flexibility                           | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| g. Increase strength                             | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| h. Increase energy level                         | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| i. Feel better                                   | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| j. Increase enjoyment                            | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| k. Social interaction                            | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |
| i. Other   | 1                    | 2 | 3 | 4                  | 5 | 6 | 7 | 8                   | 9 | 10 |

16. By how much would you like to change your current weight?

(+) \_\_\_\_\_ lb

(-) \_\_\_\_\_ lb

or email completed application to [src@rrcc.edu](mailto:src@rrcc.edu)