



HARRISONVILLE

Parks & Recreation



Personal Training Packet

Harrisonville Parks & Recreation

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www.HARRISONVILLEPARKS.com

Thank you for choosing Harrisonville Parks & Recreation (HPR) Personal Training! We know there are many options for training and we are happy you've chosen us! We strive to assist clients in achieving their goals of a healthier lifestyle safely!

This new client packet contains the following: medical history form, an informed consent, and a physician's approval form. Please fill out the medical history form, sign and date the consent, and give the physician's approval form to your doctor if directed to do so by your trainer.* Please have these papers prepared and ready to give to your Personal Trainer during your first appointment. We do reserve the right to refuse service if the Personal Trainer is uncomfortable training you until you receive approval from your physician, physical therapist, or medical professional.

Your first training session will consist of the following:

A fitness assessment and consultation with your Personal Trainer. It is not recommended that you workout prior to the assessment. Be sure to eat a light meal such as fruit and yogurt at least an hour before your appointment but please refrain from any caffeine as this will alter your assessment results. This is also the time to discuss your training goals. Just remember, your trainer is here to guide you, but it is you who must make the commitment. Each additional training session will consist of a workout that has been uniquely designed for you!

Length of Appointment:

Each appointment is one hour in length unless otherwise noted. Packages will expire one (1) year from the purchased date.

Cancellation Policy:

If for any reason your trainer needs to cancel your Personal Training appointment with less than a 24-hour notice, you will receive a complimentary appointment. In return, HPR requires a 24-hour notice to cancel any Personal Training appointment. Failure to give the required times notice could result in loss of your training session.

Refunds:

If you are unable to continue scheduled Personal Training sessions due to medical reasons, our Recreation Coordinator will issue you a refund. **You will need to submit a letter from your doctor restricting you from exercise prior to the refund being issued.** If you have any questions about your Personal Training appointment please contact our Recreation Fitness Manager at 816-380-8980 ext. 5986.

Referrals:

As a new personal training client, you are already on your way to better health. As a way to thank you for spreading the good word about our Personal Training program we are offering a 10% discount for each client you refer to our personal training program that you can apply to your next purchase of a personal training package. Tell your friends about the benefits of Personal Training and SAVE! For more information about the referral program, please contact the Recreation Fitness Manager at 816-380-8980 ext. 5986.

I have read the above and have asked any questions I might have in regards to the HPR Personal Training policy and procedures.

Client Signature

Date

*[*Mandatory physician's approval results from one of the following: recent hospitalization, back, leg or joint pain or injury, any restrictions with progressive exercise, or meeting 3 or more positive risk factors. These risk factors include, but are not limited to: heart or blood pressure problems, diabetes, being over the age of 65, or leading a sedentary lifestyle. HPR recommends that all participants beginning a new fitness program receive approval from their physician. However, it is not mandatory.]*

MEDICAL HISTORY FORM

Answer each question by printing the necessary information.

Answers are confidential.



PERSONAL INFORMATION:

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Physician: _____ Phone: _____

Are you under the care of a physician, chiropractor, or other health care professional for any reason?
Yes / No

If yes, list reason: _____

Are you taking any medications? Yes / No *(if yes, complete the following)*

Type Dosage/Frequency/Reason for taking:

Please list any allergies: _____

MEDICAL HISTORY FORM - CONTINUED



1. Has your doctor ever said your blood pressure was too high? Yes / No
2. Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? Yes / No
3. Are you over age 65? Yes / No
4. Are you unaccustomed to vigorous exercise? Yes / No
5. Is there any reason not mentioned here why you should not follow a regular exercise program Yes / No

If yes, please explain:

6. Have you recently experienced any chest pain associated with either exercise or stress? Yes / No

If yes, please explain:

SMOKING

Please fill in the circle that best describes your current habits:

- ☐ Non-user or former user; Date quit: _____
- ☐ Cigar and/or pipe
- ☐ 15 or fewer cigarettes per day
- ☐ 16 to 25 cigarettes per day
- ☐ 26 to 35 cigarettes per day
- ☐ More than 35 cigarettes per day

FAMILY & PERSONAL MEDICAL HISTORY:

If there is a family history for any condition, please fill in the circle to the left. If you are personally experiencing any of these conditions, fill the information in on the line.

- ☐ Asthma: _____
- ☐ Osteoporosis: _____
- ☐ Respiratory/Pulmonary Conditions: _____
- ☐ Diabetes: Type I: _____ Type II: _____ How Long? _____
- ☐ Epilepsy: Petite Mal: _____ Grand Mal _____ Other: _____

LIFESTYLE AND DIETARY FACTORS:

- ☐ Occupation Stress Level: Low / Medium / High
- ☐ Energy Level: Low / Medium / High
- ☐ Colds per Year: _____
- ☐ Anemia: _____
- ☐ Gastrointestinal Disorder: _____
- ☐ Hypoglycemia: _____
- ☐ Thyroid Disorder: _____
- ☐ Pre/Postnatal: _____

FAMILY/PERSONAL MEDICAL HISTORY - CONTINUED

CARDIOVASCULAR:

O High Blood Pressure: _____

O High Cholesterol: _____

O Heart Disease: _____

O Heart Attack: _____

O Stroke: _____

O Angina _____

O Gout: _____

MUSCULOSKELETAL INFORMATION:

Please describe any past or current musculoskeletal conditions you have incurred, such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck: _____

Upper Back: _____

Shoulder / Clavicle: _____

Arm / Elbow: _____

Wrist / Hand: _____

Lower Back: _____

Hip / Pelvis: _____

Thigh / Knee: _____

Arthritis: _____

Hernia: _____

Surgeries: _____

Other: _____

NUTRITIONAL INFORMATION

Are you on any specific food / nutritional plan at this time?

Yes / No

If yes, please list: _____

Do you take dietary supplements?

Yes / No

If yes, please list: _____

Do you experience any frequent weight fluctuations? Yes / No

Have you experienced a recent weight gain or loss? Yes / No

If yes, how much over what period of time? _____

How many beverages do you consume per day that contains caffeine? _____

How many beverages do you consumer per week that contain alcohol? _____

How would you describe your current nutritional habits?

Other food/nutrition issues you want to include (*food allergies, mealtimes, etc.*):

To what degree do you perceive your environment as stressful?

Work: ☐ Minimal ☐ Moderate ☐ Average ☐ Extremely

Home: ☐ Minimal ☐ Moderate ☐ Average ☐ Extremely

Do you work more than 40 hours a week? _____

Please make any other comments you feel are pertinent to your exercise program.

Signature of Personal Training Client: _____ Date _____

Signature of Personal Trainer: _____ Date _____

****Forms provided by ISSA, International Sports and Science Association****

RELEASE FORM FOR PERSONAL TRAINING

Informed Consent Form

I hereby voluntarily give consent to engage in a fitness test. I understand that the cardiovascular fitness test will involve progressive stages of increasing effort and that at any time I may terminate the test for any reason. I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason.

I understand there are certain changes which may occur during the exercise test. They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack and death. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.

I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator 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 the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless Harrisonville Parks & Recreation and their agents and employees, 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 assessments.

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.

Risks

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted on my medical forms) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Signature of Personal Training Client: _____ Date: _____

Signature of Witness: _____ Date: _____



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PHYSICIAN'S APPROVAL FORM

Client: _____

Trainer: _____

Please fill out this form releasing your patient to participate in a physical fitness program conducted and monitored by a certified Personal Trainer. After completion of this form, please return it to the Harrisonville Community Center. If you have any questions, please do not hesitate to contact the Recreation Coordinator of Fitness at 816.380.8980, ext. 228. Thank you for your assistance.

Type of Activity

Intensity

Cardiovascular _____

Resistance Training _____

Flexibility _____

Other _____

Physician's recommendations/contraindications:

_____ (patient name) has been examined by me and has my approval to participate in a progressive exercise program.

_____ M.D. _____

Physician's Signature

Date

COMPONENTS OF FITNESS & WELLNESS

Cardio/Aerobic Exercise: The training of the heart, lungs and blood system. This is accomplished by using the large muscles of the upper legs in a continuous manner. When we walk, run, swim, bike, etc., we are improving our aerobic component.

Recommendations:

- a minimum of 30 minutes of cardio exercise three times a week at about 70% of our target heart rate (THR).
- Since this kind of exercise is generally low intensity, it can be performed every day of the week and sometimes more than once a day.

Our THR is determined by the following formula:

$$220 - \text{your age} = \text{your maximum heart rate} \times 70\% = \text{THR}$$

For those over 40:

$$205 - (50\% \times \text{your age}) = \text{your maximum heart rate} \times 70\% = \text{THR}$$

Strength: To improve overall strength, we challenge specific muscles. The best way to accomplish this is to exercise a muscle against some form of resistance such as our body weight, free weights, cables or bands. Then employing a recommended program of "progressive overload" we continually demand more from our muscles. They, as a result, are forced to adapt by becoming stronger and by increasing their endurance without incurring injury.

Recommendations:

- 2-3 times per week, do not work the same muscles 2 days in a row.
- To get the most efficient workout from our machines, please be sure to adjust the "Range of Motion" and "Axis Point" settings on all PRO STAR equipment before each use.
- To build muscle and burn calories faster, learn to use appropriate muscle tension and breathing techniques for each different type of exercise

Flexibility: The ability to move our limbs and/or body parts freely without constraint. Our ease of accomplishing this is a function of our flexibility or range of motion (ROM). Flexibility is like strength: use it or lose it. An individual can lose flexibility through failure to stretch or challenge our range of motion. The best method of improving this component is to perform a number of stretches in a prescribed manner. Since stretching is very low intensity, we can and should stretch every day of the week and multiple times a day.

Balance: The ability to stay centered or to remain in a desired position. Our balance is affected in two ways. First, by affective perception, i.e., our body's ability to sense when we are losing balance; and second, by our speed and capability to adequately respond to our temporary loss of balance. Interestingly, this ability is a function of our strength and flexibility. The less flexible we are, the more frequently we will lose our balance. The less strength we have, the more diminished our capacity to regain our lost balance. There are a number of exercises we can perform to improve both affective sensibility and corrective balance behaviors. Most of these can be performed daily.

Nutrition/Hydration: Each person is different. Your age, activity level, and body type all determine how many and what type of nutrients your body needs. Information on current dietary guidelines from choosemyplate.gov is shown on the back of this page. In addition to your nutrition needs, it is also recommended to drink at least 64 ounces of water per day.

Getting Started with MyPlate

Choose**MyPlate**.gov

MyPlate Icon

- MyPlate is part of a larger communications initiative based on *2010 Dietary Guidelines for Americans* to help consumers make better food choices.
- MyPlate is designed to *remind* Americans to eat healthfully; it is not intended to change consumer behavior alone.
- MyPlate illustrates the five food groups using a familiar mealtime visual, a place setting.



ChooseMyPlate.gov

- The website features practical information and tips to help Americans build healthier diets.
- It features selected messages to help consumers focus on key behaviors. Selected messages include:
 - **Balancing Calories**
 - Enjoy your food, but eat less.
 - Avoid oversized portions.
 - **Foods to Increase**
 - Make half your plate fruits and vegetables.
 - Make at least half your grains whole grains.
 - Switch to fat-free or low-fat (1%) milk.
 - **Foods to Reduce**
 - Compare sodium in foods like soup, bread, and frozen meals—and choose foods with lower numbers.
 - Drink water instead of sugary drinks.
- ChooseMyPlate.gov includes much of the consumer and professional information formerly found on MyPyramid.gov.



U.S. Department of Agriculture
Center for Nutrition Policy and Promotion

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