



Personal Training NEW CLIENT PACKET



CITY *of* **CAPE**
GIRARDEAU

PARKS & RECREATION DEPARTMENT

OSAGE CENTRE

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PERSONAL TRAINING- NEW CLIENT PACKET

Thank you for choosing Personal Training with the Cape Girardeau Parks and Recreation Department at the Osage Centre.
We strive to assist clients in achieving their goals of a healthier lifestyle safely!

Your first training session will consist of the following:

Your first training session will be a fitness assessment and consultation with the Personal Trainer. The Trainer will do an extensive series of tests to assess your current health and fitness level in order to develop a program that will best fit you. Therefore, it is not recommended that you work out 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 goals and dreams. Remember, the Trainers are 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.

Promptness:

At the Osage Centre, we are striving to make every experience exemplary. If your Trainer is more than 15 minutes late, you will receive a complimentary hour of training. If you are late for a session, you will be trained only for the remainder of your scheduled training hour. If a client is more than fifteen minutes late, the session could be canceled and the client will forfeit their fees.

Cancellation Policy:

If for any reason the Parks and Recreation Staff needs to cancel your Personal Training session, you will be contacted and rescheduled for another appointment at the nearest available time. We ask that you give a 24-hour notice to cancel any Personal Training appointment; failure to give the required time will result in forfeited fees.

Refunds:

If you are unable to continue scheduled Personal Training sessions due to medical reasons, the Fitness Supervisor 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 at the Osage Centre, please contact the Christine Jaegers at cjaegers@cityofcape.org

Fitness Assessment - \$20

| INDIVIDUAL PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
|-------------------------|------------|------------|
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$175 | \$115 |
| 10 SESSION PACK | \$300 | \$200 |
| | | |
| PARTNER PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$155 | \$105 |
| 10 SESSION PACK | \$260 | \$180 |
| | | |
| GROUP PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$155 | \$105 |
| 10 SESSION PACK | \$260 | \$180 |

| WELLNESS CONSULTATION | | |
|--------------------------|------------|---------|
| | Individual | Partner |
| Nutrition Plan | \$60 | \$100 |
| Fitness Plan | \$60 | \$100 |
| Nutrition & Fitness Plan | \$100 | \$150 |

Preferred package: _____

As a new personal training client, you have taken the first step to better health!

You recognize the benefits of an organized fitness routine designed specifically with you in mind. Congratulations!

Be ready to work hard and see positive changes in your life, starting now.

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

PERSONAL TRAINING PARTICIPANT INFORMATION

Name: _____ Today's Date ____/____/____

Date of Birth: ____/____/____ Age: _____ Gender: M / F

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____)____-____ Text: yes/ no Secondary Phone: (____)____-____

Email: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Cell Phone: (____)____-____

Availability

Please indicate a time frame that you are available in the box

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| Afternoon | | | | | | | |
| PM | | | | | | | |

Preference

Name of preferred trainer: _____

Preferred location of training (check one): ____Osage Centre ____Shawnee Park Center

Training Goals

Please explain your fitness and training goals.

Please briefly describe your current exercise routine.

Please list any previous or current injuries.

PAR-Q & YOU

Before increasing your level of physical activity and/or exercise, answer the questions below. If you are 15-69 years of age, 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.

If you answer Yes to one or more questions, the Health Care Provider's Consent form must be completed before you can participate in a personal training program.

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | | |
| Do you feel pain in your chest when you do physical activity? | | |
| In the past month, have you had chest pain when you were not doing physical activity? | | |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | | |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? | | |
| Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition? | | |
| Do you know of any other reason why you should not do physical activity? | | |

If you answered YES to one or more questions:

- Talk with your physician by phone or in person BEFORE you start becoming much more physically active or BEFORE your initial consultation. 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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

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, build up gradually. This is the safest and easiest way to go.

***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.

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: _____

Name _____ Signature _____ Date _____

MEDICAL HISTORY FORM

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:

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

CARDIOVASCULAR:

- High Cholesterol: _____
- High Blood Pressure: _____
- Heart Disease: _____
- Heart Attack: _____
- Stroke: _____
- Angina _____
- Gout: _____

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? Any other concerns?

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

- Do you use tobacco products? Yes/ No
If yes what time: Cigarettes or please specify: _____ How often: _____
- 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.

Name _____ Signature _____ Date _____

RELEASE FORM FOR PERSONAL TRAINING

Informed Consent Form

I, _____, give my consent to participate in the physical fitness evaluation program conducted the City of Cape Girardeau Parks and Recreation Department.

Benefits

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

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.

Testing and Evaluation Results

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, and being tested for muscular fitness and body composition. I further understand that such screening is intended to provide my Personal Trainer with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form I understand that I am personally responsible for my actions during my tenure with the Parks and Recreation Personal Training Program and that I waive the responsibility of The Osage Centre and The City of Cape Girardeau Parks and Recreation Department if I should incur any injury or death as a result of my negligence.

Signature of Client: _____ Date: _____

Signature of Personal Trainer: _____ Date: _____

Signature of Witness (under 18 years old): _____ 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 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.

Contact Christine Jaegers, Fitness and Wellness Specialist for questions/ comments:

cjaegers@cityofcape.org ~ #573.339.6604

PERSONAL TRAINING At The Osage Centre with the City of Cape Girardeau Parks and Recreation Department

573-339-6604 – WWW.CITYOFCAPE.ORG/FITNESS
1625 NORTH KINGSHIGHWAY, CAPE GIRARDEAU, MO 63701

EXPERIENCE THE DIFFERENCE with Personal Training at The Osage Centre with the Cape Girardeau Parks and Recreation Department! Our trainer is a certified professional here to help her clients fit FITNESS into their busy lifestyles to get results. Each new client will receive a comprehensive fitness assessment to evaluate their current level of fitness and an individualized exercise program. Payment is required before services are rendered. Appointments can be made by calling 573-339-6604 and payments are taken with Christine at the time of your training session.

Packages include multiple assessments, training sessions, nutrition tips and professional advice and technique.

ONE-ON-ONE PERSONAL TRAINING

Youth and adults can choose 60 or 30 minutes to train with a certified personal trainer

(30-minute sessions are designed for youth or someone who is just beginning an exercise program and not physically ready for the intensity of more than 30 minutes, or someone who wants a specialty session such as 30 minutes of stretching).

| INDIVIDUAL PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
|-------------------------|------------|------------|
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$175 | \$115 |
| 10 SESSION PACK | \$300 | \$200 |

PARTNER TRAINING – 2 Individuals

Price is per person. Partner Training is great for friends, co-workers, and/or family members wanting to get in shape together while maintaining the feel of individualized attention in a fun, personalized environment.

| PARTNER PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
|----------------------|------------|------------|
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$155 | \$105 |
| 10 SESSION PACK | \$260 | \$180 |

GROUP TRAINING – Minimum of 3 people per session, Maximum of 5 people per session

Price is per person. Group Training is great for friends, co-workers, and/or family members wanting to get in shape together in a fun, personalized environment.

| GROUP PACKAGE TYPE | 60 MINUTES | 30 MINUTES |
|--------------------|------------|------------|
| 1 SESSION | \$40 | \$25 |
| 5 SESSION PACK | \$155 | \$105 |
| 10 SESSION PACK | \$260 | \$180 |

WELLNESS CONSULTATION – One-on-one or Partner

Price is per package. Consultations are great for those who don't need a trainer at their side but need a plan to keep them focused and reach their goals.

| Wellness Consultation | Individual | Partner |
|--------------------------|------------|---------|
| Nutrition Plan | \$60 | \$100 |
| Fitness Plan | \$60 | \$100 |
| Nutrition & Fitness Plan | \$100 | \$150 |

Christine Jaegers, CPT
Fitness & Wellness Specialist
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