

Thank you for your interest in our Personal Training services here at UREC! We are excited to have the opportunity to help you achieve your fitness goals. Upon receipt of this request form, you will be contacted within 2 business days via email regarding the status of your request. The submission of this form is to show interest in our services, it does not lock you in or require you to move forward with training.

All personal training packages include an initial consultation and fitness assessment as the first session to benchmark your individual fitness level. You may decide on which package you would like to purchase after you speak with your assigned trainer. Packages will be purchased at the front desk and sessions will be logged in the trainer suite via your tiger/UREC card.

**Participant Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Gender Identification	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Phone Number	E-Mail Address	

**Classification**

UREC Student                      UREC Member                      Non-Member

**Emergency Contact**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Phone Number	Relationship

**Fitness Goal/s (select all that apply)**

- |                                 |                                   |                        |
|---------------------------------|-----------------------------------|------------------------|
| Muscular strength               | Recreation and sport performance  | I just want to learn   |
| Increase confidence and energy  | Reduce blood pressure/cholesterol | General health/fitness |
| Reduce body fat and lose weight | Improve cardiovascular fitness    | Recovery after injury  |
| Weight gain                     | I want accountability and routine | Reshape/tone           |
| Improve stamina and flexibility | Improve balance and mobility      | Other                  |

Anything else you would like us to know about your goals?

**Desired Start Date:**

**Availability (please specify times, put N/A if not available on that day)**

Monday	<input type="text"/>	Friday	<input type="text"/>
Tuesday	<input type="text"/>	Saturday	<input type="text"/>
Wednesday	<input type="text"/>	Sunday	<input type="text"/>
Thursday	<input type="text"/>		

**Trainer Preference**

No Preference    Male    Female

Specific Trainer – Name:

**What are the three most important qualities you are looking for in a trainer?**

**Pricing and Packages (Please select which you are most interested in)**

	<i>Student Pricing</i>	<i>Member Pricing</i>
Fitness Assessment Only	\$25	\$35
3 Sessions	\$90	\$140
5 Sessions	\$140	\$210
10 Sessions	\$260	\$400
20 Sessions	\$480	\$700
Buddy Training (10 sessions)	\$170 per person	\$260 per person
Programming Package	\$50	\$100

**Do you have any special accommodations, medical conditions, or injuries that could affect your exercise routine?**

Yes            No

If yes, please specify:

Thank you for taking the time to show your interest in our personal training services. Please complete the PAR-Q below and send your fully completed packet to [urecpt@lsu.edu](mailto:urecpt@lsu.edu); we will reach out to you soon.

# 2020 PAR-Q+

## The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you.

### General Health Questions

<b>Please read the 7 questions below carefully and answer each one honestly: check YES or NO.</b>	<b>YES</b>	<b>NO</b>
1) Has your doctor ever said that you have a heart condition OR high blood pressure ?		
2) Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?		
3) Do you lose balance because of dizziness <b>OR</b> have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: <input data-bbox="207 1136 1016 1173" type="text"/>		
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: <input data-bbox="207 1295 1016 1333" type="text"/>		
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: <input data-bbox="207 1614 1016 1652" type="text"/>		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

EMAIL COMPLETED PACKET TO URECPT@LSU.EDU