Personal Training Information & Policies

Looking for extra motivation or want to take your workout to the next level? Try working with a personal trainer! Our certified personal trainers are dedicated to helping you reach your health and fitness goals and make a regular exercise program a part of your daily life. They can help design a plan that is right for your body and can teach you safe and effective ways to exercise for improved overall fitness. They will closely monitor your progress and along the way will provide you with the knowledge and tools to be comfortable and confident in any fitness setting. This packet includes information on our Personal Training program, including our policies, procedures, client/trainer conduct, and forms that must be completed before we pair you with a trainer. This packet should be completed in its entirety and returned to the Welcome Center and/or a Fitness Programs representative with your package selection and payment.

Personal Training Packages & Pricing

### Individual (1-Hour) Personal Training

<table>
<thead>
<tr>
<th></th>
<th>3 Sessions</th>
<th>7 Sessions</th>
<th>10 Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>$85</td>
<td>$175</td>
<td>$240</td>
</tr>
<tr>
<td>Non-Student Members</td>
<td>$105</td>
<td>$220</td>
<td>$300</td>
</tr>
</tbody>
</table>

### Buddy Personal Training

Grab a friend and work out together as a personal trainer leads you in exercises and helps to ensure perfect form and technique. You get the benefit of a training partner and personal trainer at a discounted price. If one buddy is missing during a session the session is still counted.

<table>
<thead>
<tr>
<th></th>
<th>3 Sessions</th>
<th>7 Sessions</th>
<th>10 Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>$50/buddy</td>
<td>$95/buddy</td>
<td>$110/buddy</td>
</tr>
<tr>
<td>Non-Student Members</td>
<td>$75/buddy</td>
<td>$150/buddy</td>
<td>$185/buddy</td>
</tr>
</tbody>
</table>

### Group Personal Training

Designed for individuals who would like personal training but cannot afford the cost of individual sessions. Group sessions meet 2x/week for 5 weeks. A minimum of 4 participants must be registered in order for the sessions to run. Interested parties must create their own groups.

<table>
<thead>
<tr>
<th></th>
<th>10 Sessions + Fitness Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students &amp; Non-Students</td>
<td>$130/person</td>
</tr>
</tbody>
</table>

Personal Training Policies

- **Registration Policy:** The completed personal training registration packet (along with payment) must be received before you will be scheduled with a certified personal trainer. The information provided by you will help your personal trainer develop a program specifically for you; therefore, it is important that you answer all questions honestly and your information will be kept confidential. The completed registration packet can be returned either by email or at the Welcome Center. Upon receipt of these materials, a member of our staff will contact you via email and/or phone within 72 hours to schedule your initial appointment.

- **The following forms must be signed and submitted before your program begins:**
  - Personal Training Registration Form
  - Health History Questionnaire
  - Physician Clearance Form (if applicable)
  
  **NOTE:** If you marked two or more of the statements in the CV Factors section on the Health History Questionnaire, you are required to have your doctor complete and fax the Physician’s Statement & Clearance Form to our office, Attn: Erin Davidson at (248) 370-4889. We MUST receive this form from the doctor’s office prior to scheduling your assessment/training sessions.

  - The initial package purchased includes a Fitness Assessment. All paperwork and testing must be completed prior to the start of the first training session.
  - Any follow-up Fitness Assessments are $10 for students, $15 for non-student members.
  - Clients are assigned to trainers based on availability and any preferences if necessary. The personal trainer and the client will agree to complete the sessions purchased. Sessions will be scheduled at mutually convenient and agreed upon times.

For more information on personal training, please email astandridge@oakland.edu or call (248) 370-4911.
● Payment Policy: Oakland University Campus Recreation charges a fee for services rendered by personal trainers. All services can be purchased anytime throughout the year that the Welcome Center. Payment must be received before you will be scheduled for an assessment and/or session. Paying a personal trainer directly is strictly prohibited and membership privileges may be revoked if this occurs. Personal training packages are available for Rec Center members only.

● Expiration & Refund Policy: All training packages and sessions purchased expire one year from the date of purchase. Personal training sessions are void after this time period. All personal training packages are non-refundable and non-transferable except in cases of: termination of university employment; formal leave of absence and sabbaticals (documentation is required); changes in medical condition resulting in physical limitations (physician letter required).

● Appointment Policies:
  ○ Session Time/Late Policy: All sessions are scheduled for 60 minutes and will end one hour from the scheduled start time. No-call, no-show appointments will be charged for the entire session. Personal Trainers will allow a 15-minute grace period for late arrival to a scheduled session. The personal trainer will only wait 15 minutes past the scheduled meeting time unless the participant has alerted the trainer of the expected tardiness. The trainer may or may not be able to extend the training session to make up the 15 minutes.
  ○ Cancellation Policy: If you must cancel or reschedule a training session, please notify your personal trainer by phone/email at least 24 hours in advance of the scheduled start time. Appointments that are cancelled at the last minute will be issued one warning. Subsequent personal training sessions that are not rescheduled or cancelled at least 24 hours in advance by the client will result in forfeiture of the session. Emergency situations will be analyzed on an individual basis.
  ○ Buddy/Group Training Cancellation Policy: If one client cancels within 24 hours of a scheduled group session or is a no-call/no-show, the session may continue with the remaining client(s). The session will still count toward the package balance for each of the clients.
  ○ Renewal Packages: Following the completion of a package, as long as your trainer agrees to it, a new package can be purchased at the Welcome Center.

● Preparing for your Fitness Assessment & Training Sessions:
  ○ Please wear athletic-style clothing. Shorts are preferred due to the body composition measurement on the thigh.
  ○ Drink plenty of fluids over the 24-hour period preceding the test to ensure normal hydration and avoid heavy meals, tobacco, alcohol, and caffeine for at least 3 hours before testing. You may have a small snack 30 minutes to 1 hour before testing
  ○ Avoid strenuous exercise or physical activity the day of & get an adequate amount of sleep (6-8 hours) the night before the test

● Other Information:
  ○ You must adhere to all policies within the Campus Recreation Center. This includes all policies regarding proper dress code and equipment usage.
  ○ An active membership is required to access the Recreation Center and you must have your ID or key fob. You must complete all sessions before your membership ends or you will have to purchase a membership to complete training.
  ○ If at any time the client and/or personal trainer are not satisfied with the services and/or relationship a new trainer, contact Erin Davidson, Coordinator of Fitness, at (248) 370-4911.

I have read and understand the above policies and agree to abide by them.

Client Name (printed): ____________________________________________ Date: ________________
Signature of Client: ____________________________________________ Date: ________________
Signature of Parent/Guardian: ____________________________________________ Date: ________________
(if under 18 years of age)
Personal Training Registration Form

Name (Last, First, Middle Initial): _______________________________________________ Date: ________________

Oakland Email: ___________________________________________ Last 4 Digits G#: ________________

Local Address: ________________________________________________________________

Local Phone: ___________________ Gender: Male   Female   Age: _______ Birthdate: ________________

Status of Client: Fr     So     Jr     Sr     Grad     Faculty     Staff     Alumni     Guest     Other: __________________

Desired number of personal training sessions per week:
**It is recommended that all participants work with their trainer at least 2-3 times per week

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Do you prefer a Male or Female Trainer?

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>No Preference</th>
</tr>
</thead>
</table>

Special Trainer Requested?

We will make every effort to accommodate requests, but are not guaranteed. Assignments are based on schedules.

Please list below each day what times you you are able to train (be as flexible as possible, please!):

<table>
<thead>
<tr>
<th>Mondays</th>
<th>Tuesdays</th>
<th>Wednesdays</th>
<th>Thursdays</th>
<th>Fridays</th>
<th>Saturdays</th>
<th>Sundays</th>
</tr>
</thead>
</table>

Please circle the package and number of sessions you are purchasing:

<table>
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<tr>
<th>Individual Training</th>
<th>3 Sessions</th>
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</tr>
<tr>
<td>Group Training</td>
<td>10 Sessions</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Training With (if purchasing Buddy or Group Training):

*Please purchase buddy/group training packages once your group is set. We do not pair individuals for training.*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Health History Questionnaire

Name (Last, First, Middle Initial): _______________________________________________  Date: ____________________
Oakland Email: _____________________________________________________________ Last 4 Digits G#: ______________________
Gender: Male   Female  Age: ________  Birthdate (MM/DD/YYYY): __________________________
Status of Client: Fr So Jr Sr Grad Faculty Staff Alumni Guest Other: ______________________
Emergency Contact: _______________________________ Phone: ___________ Relation: _____________
Physician’s Name: _______________________________ Phone: _______________ Fax: ________________

General Information

Height: __________ ft  Weight __________ lbs  Most Recent Blood Pressure_____/____mmHg
Do you currently exercise? Yes ____  No _____
If “Yes” how long have you been exercising regularly? _______________________________________
What exercise(s) do you do and how often? ___________________________________________________

Medical History, Symptoms & Other Health Issues

Please check all true statements below:

_____ Heart attack  _____ You experience unreasonable breathlessness

_____ Heart surgery  _____ You experience dizziness, fainting, or blackouts

_____ Cardiac catheterization  _____ You take heart medications

_____ Coronary angioplasty (PTCA)  _____ You have diabetes

_____ Pacemaker/implantable cardiac defibrillator /rhythm disturbance  _____ You have asthma or other lung disease

_____ Heart valve disease  _____ You have burning or cramping sensation in your lower legs when walking short distances

_____ Heart failure  _____ You have musculoskeletal problems that limit your physical activity

_____ Heart transplantation  _____ You have concerns about the safety of exercise

_____ Congenital heart disease  _____ You take prescription medication(s)

What medications:____________________________

_____ You experience chest discomfort with exertion  _____ You are pregnant

If you marked any of these statements in this section, consult your physician or other appropriate healthcare provider before engaging in exercise.
Cardiovascular Risk Factors
Please check all true statements below:

_____ You are a man older than 45 years
_____ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
_____ You smoke, or quit smoking within the previous 6 months
_____ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
_____ Your blood pressure is > 140/90 mmHg
_____ You do not know your blood pressure
_____ You take blood pressure medication
_____ You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week)
_____ You are > 20 pounds overweight
_____ You do not know your cholesterol level

If you marked two or more of the statements in this section, please complete the Physician’s Statement & Clearance Form prior to being scheduled for a Fitness Assessment and/or Personal Training appointment.

_____ None of the above are true.

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

Informed Consent for Voluntary Fitness Test, Evaluation, and Personal Training

I understand that this Health History Questionnaire has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his/her approval prior to beginning an exercise program. I understand the information I have provided will be maintained in my file for use in case of a medical emergency. My signature signifies that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during fitness testing and/or exercise programs. If any of the above information changes, I agree to submit these changes in writing to the Fitness Programs staff for an update to my file.

I agree to allow the Oakland University Campus Recreation staff to assess my level of fitness and/or design an exercise program for me to enhance my health & fitness goals. I have discussed my health and fitness goals with them and have provided them all relevant and necessary information about myself, including my health and physical well-being, to allow them to accurately assess my level of fitness and develop a safe and effective program for me. I understand that in developing an exercise program for me, Oakland University Campus Recreation staff are not guaranteeing any specific results. I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorder of heart rhythm and very rare instances of heart attack, stroke or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in an exercise program. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision during the exercise and by my own careful control of exercise efforts.

I, ______________________, for myself, my heirs, and assigns, hereby release the Oakland University Campus Recreation (its employees and staff), from and claims, demands and causes of action arising from my participation in the exercise program that does not arise from negligence on behalf of personal training or assessments coordinators. I fully understand the risks associated with the following procedures and it is my desire to participate as herein indicated. I have been given the opportunity to ask certain questions as to the procedures of this program. These questions have been answered to my satisfaction.

Signature of Client: ______________________ Date: __________
Signature of Parent/Guardian: ______________________ Date: __________ (if under 18 years of age)
Physician’s Clearance Form

Date: ______________

Dear Dr. _______________________________,

Your patient __________________________________ is interested in participating in a Fitness Assessment and/or Personal Training Program with the Department of Campus Recreation at Oakland University. Prior to any exercise programming, we require individuals to take place in a fitness assessment that includes tests of the following: cardiorespiratory endurance, body composition, flexibility, and muscular strength. All assessments will be administered by individuals qualified in assessment techniques and certified in First Aid, CPR, and AED.

Your patient has completed a Health History Questionnaire Form and has demonstrated concern for medical clearance. By completing this form you are signifying that there are no medical reasons which preclude your patient from participating in our Fitness Programming.

PHYSICIAN’S REPORT

This is to certify that my patient, _________________________________________, is capable of participating in an exercise program. Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Please list any medications that the patient currently takes. If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate any effect (lowers, raises, has no effect, etc.):

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

_____ The patient has my approval to begin an exercise program with the recommendations/restrictions stated above (if any)

_____ I would recommend that the applicant NOT participate in an exercise program

Physician Signature: ________________________________ Date: ______________

Physician’s Name (please print): __________________________________________

Mailing Address: _________________________________________________________

Phone Number: __________________________ Fax Number: ______________________

Please FAX Completed Form To: Oakland University Campus Recreation, Attn: Erin Davidson 248-370-4889