Welcome to Radford University Personal Training!

We are very excited that you have made this healthy decision to learn more about fitness and wellness by signing up for personal training! For the success of your training, this packet is required for all clients. Please complete each form honestly and in its entirety. You will find the following forms in this packet. Please let your trainer know if you have any questions when filling out these forms.

I. Page 1 - Title Page
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Personal Training Information

Thank you for choosing to participate in our personal training program at Radford University. Our trainers will use the information in this packet to formulate a program that is safe, effective, and tailored towards your individual goals. Please answer the questions honestly and in its entirety.

Please understand that the success of your training program is dependent upon your adherence to the trainer’s exercise recommendations and your communication with your trainer. We hope to help you reach your fitness goals by providing individualized programming, exercise coaching, motivation, education, and referrals if appropriate. Due to our scope of practice, we are not able to provide detailed dietary plans, physical therapy, diagnoses, or any other specialized plans outside of physical activity. We can, however, help you with goals such as weight loss, muscle gain/hypertrophy, strength gain, overall health and maintenance, sports training, power training, etc..

We hope you find your sessions well organized and informative. We welcome any feedback, questions or comments on the program. At any point during your experience, feel free to contact the Assistant Director of Wellness/Fitness, Liz Greenlee by e-mail at egreenlee@radford.edu or phone at 540-831-7772.

Client Name: ________________________________
Client Phone Number: _______________________
Client E-mail: _______________________________
Preferred Form of Contact:  ☐ Phone call  ☐ Text Message  ☐ E-mail

Trainer Name: ________________________________
Trainer Phone Number: _______________________
Trainer E-mail: _______________________________

Number of Sessions: ___________________________ Date Started: __________________
Personal Training Contract

CLIENT CONTRACT
By signing this contract, I am agreeing to the following:

● I am a currently Radford University student with access to the Student Recreation & Wellness Center.
● I have filled out this packet honestly and to the best of my abilities.
● I will show up to my on-time and ready to start the workout.
● I will do my best to adhere to the program my trainer gives me.
● I will follow any facility policies while in the Student Recreation & Wellness Center.
● I will communicate any concerns I have about my workouts or exercises with my trainer and will not do anything that makes me uncomfortable.
● I will contact my trainer at least 24 hours in advance if I need to reschedule a session. Last minute cancellations by the client may result in forfeiting a session.
● I will communicate any changes in medical or health status while actively meeting with the trainer.
● I will treat my trainer with respect.

Client Signature: ______________________________________ Date: ______________________

TRAINER CONTRACT
By signing this contract, I am agreeing to the following:

● I will show up to my on-time and prepared for our sessions.
● I will contact my client at least 2 hours in advance if I need to reschedule a session.
● I will treat my client with respect and will not make them do anything they are uncomfortable doing.
● I will discuss confidential information only on a need-to-know basis, behind closed doors, and not in front of other persons who do not have the right to receive this information.
● I will protect the confidentiality of any medical, proprietary or other confidential information and all confidential client information will be kept behind closed doors in the Personal Training & Assessment room in the Student Recreation & Wellness Center.

Trainer Signature: _________________________________ Date: _______________
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?
   ☐ Walking  ☐ Jogging  ☐ Strength training
   ☐ Cycling  ☐ Traditional aerobics  ☐ Racquet sports
   ☐ Stationary biking  ☐ Elliptical striding  ☐ Yoga/Pilates
   ☐ Stair climbing  ☐ Swimming  ☐ 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
   l. 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