



Dear **MEMBER**,

Welcome! On the behalf of Drexel University's Recreation Center, we commend you on taking the initiative to *LIVE IT. fit!* We also appreciate you choosing our team as your partner in paving the road to achieving your health and fitness goals. The team here at Drexel's Recreation Center is steadfastly committed to helping you accomplish your health and fitness goals.

In order for our team to provide the service you deserve and to expedite the process of getting started, we kindly request that you read and review this packet in its entirety and complete any applicable forms prior to your first meeting with one of our staff members. This packet contains the following:

- Personal Training Policies
- Client Face Sheet
- Physical Activity Readiness Questionnaire (PAR-Q)
- General Information
- Goal Setting, Expectations and Restrictions
- Health History Questionnaire
- Informed Consent for Fitness Assessment
- Drexel University Recreation Rules and Regulations
- Drexel University Recreation Liability Waiver
- Medical Clearance Form (if necessary)
- Assumption of Risk Liability Form

Completing this necessary documentation ensures the achievement of your goals in the most effective, efficient, and safest possible manner. Please return your completed forms and payment to the Membership Services Desk located at the Welcome Center on the 33rd Street entrance. If you have any questions or comments please contact us at your earliest convenience.

Appreciatively,

Drexel Recreational Athletics;
(215) 571-3830
memberships@drexel.edu



PERSONAL TRAINING POLICIES

Client Eligibility

- All members of the Drexel Recreation Center are eligible to sign up for personal training services following the completion of proper registration procedures. Non-members and visitors are also eligible to purchase personal training services, but may be subject to additional fees.

New Client Registration Process

- All interested persons must complete and return the contents of this packet to the Membership Services desk or the Coordinator of Fitness and Wellness Programs located in office 309A; directly.
- Payment must be processed with an employee of Membership Services, prior to the scheduling and subsequent rendering of services. NO EXCEPTIONS. Personal Trainers are expressly prohibited from accepting direct payment for services.
- The initial client paperwork packet and receipt of purchase is then provided to the Coordinator of Fitness and Wellness.
- The Coordinator of Fitness and Wellness or certified Personal Trainer, will then reach out to the client and schedule a Fitness Assessment in order to assess current level of fitness according to ACSM guidelines, and discuss goals and training availability. The client retains the right to waive their participation in any fitness testing.
- Once the Fitness Assessment has been completed the Coordinator of Fitness and Wellness will assess the results, and match the client with a Personal Trainer based on their preexisting rapport between the new client and employee (i.e. referral), availability, preference, and/or the background of the client and the specific expertise and skills of Personal Trainer.
- The Personal Trainer will be advised to contact their new client within 24-48 hours to schedule their initial session.
- Once confirmed, the new client's paperwork is confidentially secured in the Fitness and Wellness Office. It is solely the responsibility of the Personal Trainer to communicate their contact information – email and phone number during the initial contact.
- The new client registration process *should* be completed within 3 to 5 business days from original point of sale.

Fitness Assessment Policy

- Clients are advised to abstain from exercise prior to the assessment and should avoid ingesting caffeinated beverages or alcohol.
- Clients are instructed to wear athletic attire for the session and are advised to bring completed paperwork to the assessment.

Client Policies

- Packages and sessions must be purchased in full in advance of the initial session.
- All sales are final and are non-refundable, barring extreme circumstances.
- All refund requests are reviewed and if applicable, approved by our Assistant Director of Recreation, Membership Services and Coordinator of Fitness and Wellness.



- Personal training packages are non-refundable except in the cases of:
 - Termination of University employment
 - Formal leave of absence and sabbaticals (documentation required)
 - Changes in medical condition resulting in physical limitations (physician letter required)
 - Move equal or greater than 30-mile radius from Drexel University (proof of residency required)
 - Transferring of schools outside of the city limits
 - The assigned Personal Trainer does have the right to ask for proof of any such incident.
- All packages expire *one calendar year* from the date of purchase.
- All sessions are (60) minutes in duration and are scheduled between the client and assigned Personal Trainer directly.
 - If a client is late 15 minutes or more, the sessions will be considered a no-show and the client will be charged in full.
 - 24 hours' notice is required for cancellation to avoid being charged in full for the session. (More details below regarding cancellation policy)

Cancellation Policy

- If a client must cancel or reschedule a training session, they must notify their Personal Trainer directly at least 24 hours in advance of the scheduled session. Clients will be charged a session, for appointments canceled within fewer than 24 hours' notice.
- It is advised that the staff member and client remain in close contact regarding possible weather or transportation issues which may interfere with the rendering of services.
- Sessions are subject to automatic cancellation if the Rec Center closes due to emergencies, including inclement weather. Clients will NOT be charged a session for unscheduled Rec Center closures.
- In the event that the staff member has a scheduling conflict or cannot make the session, their communication will be made directly with the client and a substitute personal trainer may be procured if requested.

Recreation Center Policy Reminder

- In addition to the Drexel University Recreation Center Policies, the following are emphasized:
 - Clients and Personal Trainers are responsible for following all policies of the facility during scheduled sessions.
 - Clients, patrons, and guests may not provide personal training services, nutritional products or other goods and services on the premises. Only personal trainers hired by the department can train clients.



Drexel Recreational Athletics

New Client Face Sheet

Date: _____

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

Alternate Phone: _____

Email:

Membership
Status:

Member

Non-Member

(Circle one)

Birth Date:

Drexel Affiliation
(employee,
student, etc): _____

How did you hear
about Drexel
Personal
Training:

Have you
previously had
Personal Training
here at Drexel?

Are you willing to be
(with repeated
permission) videotaped
or photographed for
marketing purposes? _____

Emergency Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate Phone: _____

Relationship:



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

This questionnaire determines your readiness to begin physical activity.

Please read and review the questions carefully and provide honest answers, checking **YES** or **NO**.

Y N

		Has your physician ever diagnosed you with a heart condition, requiring you to perform physical activity as directed by a physician?
		Do you experience chest pain when performing physical activity?
		In the past month, have you experienced chest pain while not doing physical activity?
		Do you lose your balance due to 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 (for example water pills) for your blood pressure or a heart condition?
		Do you know of any other reason why you should not do physical activity?

****Please note that answers will be reviewed, and Medical Clearance *may* be deemed necessary before beginning Personal Training based on your answers****



GENERAL INFORMATION

These questions will help when matching you with the appropriate personal trainer.

VITALS

(Report as accurately as possible)

1. Height (in inches):
2. Weight (in pounds):
3. Gender:
4. Age: Please select from corresponding age group below.
 18 - 25 26 - 35 36 - 45 46 - 55 56 - 65 66 and older

PHYSICAL ACTIVITY

(Report as accurately as possible)

1. In the past year, how often have you engaged in physical activity?
 Frequently (5-6 times /week) Regularly (3-4 times/week)
 Semi-regularly (1-2 times/week) Sporadic (1-2 times/month)
 None
2. If you selected "None" in the previous question, when was the last time you were actively partaking in an exercise program?
 one year to 18 months 18 months to three years 3 - 5 years
 5 -7 years 8 - 10 years 10 years or more
3. Please describe the nature of activity you currently engage in (i.e. walking, weight training, group exercise, housecleaning, gardening, etc.) Also include the frequency in which you are engaging in each activity.
4. What types of activities do you consider enjoyable?
5. What types of activities do you not consider enjoyable?



LIFESTYLE

(Report as accurately as possible)

1. Do you consume alcohol? Yes No
2. If so, how much and how frequently?
3. How many hours of sleep do you get per night?
4. How many times per week do you order or eat out?

FAMILY MEDICAL HISTORY

(Report as accurately as possible)

Please indicate whether your family members currently suffer from or have suffered from a significant problem related to the conditions listed below by checking the corresponding box. Please provide a brief description.

- Cancer
- Diabetes
- High Blood Cholesterol
- High Blood Pressure
- Heart Disease
- Obesity
- Other conditions not listed (please specify):

Comments:

MEDICATIONS AND SUPPLEMENTS

(Report as accurately as possible)

Please list current medications, including over-the counter medications, and nutritional supplements, including vitamins and minerals, their dosages and the condition they are prescribed or intended to treat.

NUTRITION

(Report as accurately as possible)

1. Are you interested in the nutritional services offered here at Drexel?
2. How many times a week do you eat out?



GOAL SETTING, EXPECTATIONS and RESTRICTIONS

GOALS, EXPECTATIONS

(Report as accurately as possible)

1. Why did you sign up for personal training?
2. What do you expect to get out of working with a personal trainer?
3. What are some of your expectations of the program?
4. What are some of your goals that function as your primary motivating factor?
5. What are your fears or apprehensions about starting or moving towards these goals?
6. What obstacles stand (or have stood) in your way, past or present?
7. Rate your motivation (on a 1-10 scale of being 10 the strongest) to reach your goals.

RESTRICTIONS

8. Should the personal training team be made aware of any other limitations to your engagement in training sessions?



HEALTH HISTORY QUESTIONNAIRE ACKNOWLEDGEMENT

I understand the purpose of this Welcome Packet and I acknowledge that the staff of the Drexel Recreation Center will be relying on the accuracy and completeness of the information I have provided. I am aware that any strenuous physical activity involves risk, and I fully accept those risks. In consideration of the opportunity to participate in activities at the Center, I voluntarily remise, release and forever discharge Drexel University, its successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind whatsoever suffered by me as a result of my participation in any and all activities that I might undertake at the Recreation Center, including, without limitation, my fitness assessment.

By signing below, I am also consenting to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center selected by staff at the Recreation Center or emergency response personnel if necessary for the provision of such care, for treatment of injuries that I may sustain while participating in activities at the Center. I understand and agree that I will be responsible for all expenses incurred in connection with any such first-aid, emergency medical care, including, without limitation, any and all expenses that may be associated with my transportation and admission to a hospital or emergency care center. I acknowledge and agree that my consent to medical care and my financial responsibility for such care is not conditioned on communication with the emergency contact identified above, or on confirmation of coverage of my medical insurance for such medical care.

I declare, to the best of my knowledge, that all my answers are true, correct, and complete.

By signing this Health History Questionnaire and Release, I hereby certify that I am 18 years of age or older and that I have read and fully understand the conditions herein provided.

Signature: _____

Date: _____

Coordinator of Fitness & Wellness (signed upon receipt): _____

Date: _____



INFORMED CONSENT for FITNESS ASSESSMENT

OBJECTIVE OF THE FITNESS ASSESSMENT

In order to permit the staff of the Drexel University Recreation Center to design an exercise program appropriate for my current level of fitness, I hereby consent, voluntarily, to a fitness assessment. I understand that the tests that will be administered to me are for the purpose of determining my physical fitness status, and will include the measurement of my body composition, cardiovascular endurance, muscular endurance, muscular strength, and flexibility. I acknowledge the potential use of fitness assessment software on the computer, and that I can decline any portion of the assessment I do not feel comfortable participating in.

EXPLANATION OF FITNESS ASSESSMENT PROCEDURES

Resting Values: Pre-test values of resting heart rate, blood pressure, and if applicable, heart rate variability will be collected prior to engaging in activity to determine baseline values.

Body Composition: Body composition will be assessed by Bioelectrical Impedance Analysis device (i.e. handheld Omron reader, Lange and/or Jackson-Pollock skin-fold calipers, and Gullic measuring tape).

Cardiovascular Endurance: Cardiovascular endurance will be assessed via protocol(s) deemed appropriate by the personal trainer, but commonly include graded exercise test performed on treadmill, cycle ergometer, or aerobic step.

Anaerobic Threshold: Anaerobic threshold will be assessed through Bruce Protocol which is a graded exercise test performed on a treadmill.

Flexibility: Flexibility will be assessed through testing deemed appropriate, and most commonly the sit and reach test.

Muscular Strength and Endurance: Muscular strength and endurance will be determined through testing deemed appropriate, but most commonly push up test.

Movement Assessment: Videos of client performing Functional Movement Screen will be recorded and analyzed by personal trainer to determine muscular imbalances in order to develop a personalized fitness program which will correct movement patterns, thus reducing injury.

Standing Postural and Breathing Analysis: Photos will be taken of client while standing to determine muscular imbalances and postural deficits.

DISCLOSURE OF BENEFITS AND POTENTIAL RISKS

I understand the results of these tests will aid in determining my physical fitness status and will facilitate the design of an exercise prescription appropriate to my level of fitness with the intention of improving one or a combination of the following: my body composition, movement capacity, cardiovascular endurance, muscular strength and endurance, and flexibility.



I have read the all of the previous information and I understand it. Questions concerning the fitness assessment procedures have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the assessment, and that I may discontinue my participation in the assessment at any time. I understand that the information derived from my fitness assessment will be confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription, without my permission.

I understand that there exists the possibility that certain abnormal changes may occur during the fitness assessment. These changes could include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains or injuries, and in rare instances, heart attack or even death. Professional care throughout the entire testing process should provide appropriate precaution against such problems.

Signature: _____

Date: _____

Coordinator of Fitness & Wellness (signed upon receipt): _____

Date: _____



ACKNOWLEDGEMENT of DREXEL RECREATION RULES and REGULATIONS

By signing this form, I am in agreement of the rules and regulations created and enforced by Drexel University Recreational Athletics, some of which have been listed below for my review.

1. Outside equipment is prohibited from being used in the facility.
2. Equipment is to only be used for its intended purpose.
3. Please replace all weights and equipment following use. If you are not sure where they belong, refer to a floor attendant for assistance.
4. Please disinfect equipment with spray and paper towels following use.
5. Please refrain from monopolizing cardio equipment. Limit use to 30 minutes during peak hours.
6. Please share strength training equipment with fellow patrons by allowing them to "work in".
7. Liquids must be contained in bottles and cups with closeable lids.
8. Trash must be properly disposed of.
9. Use of chalk is prohibited.
10. Feet must be kept off machine and bench upholstery.
11. Appropriate athletic footwear required. Toes must not be exposed.
12. Please return barbells and dumbbells to starting position under control. Slamming or dropping equipment is not permitted.
13. Ground based exercises, such as deadlifts and Olympic lifts from the floor must be performed on the platform. No exceptions!
14. Group workouts (three or more persons) are prohibited.
15. This facility is not conducive to "cross fit style" workouts and exercises such as kipping pull ups, muscle ups, and medicine ball slams and throws, and Olympic lifts and box jumps performed to failure are not permitted.
16. Proper dress required. "Overdressing" is prohibited (ski hats, hoods, excessive layering et cetera).
17. Only Drexel University Recreational Athletics hired Personal are permitted to offer and/or conduct personal training in the facility.
18. We reserve right to enforce other policies as is deemed appropriate for a safe and friendly environment.

Signature: _____

Date: _____

Coordinator of Fitness & Wellness (signed upon receipt): _____

Date: _____



MEDICAL CLEARANCE FORM

Dear _____,

Your patient, _____, would like to begin small group training with a certified personal training at Drexel University's Campus Recreation Center. After reviewing their responses to our PAR-Q survey, we would appreciate your medical opinion and recommendations/limitations concerning participation in regular exercise. Please provide the following information and return this form at your earliest convenience to:

Drexel Recreation Personal Training
Attn: Coordinator of Fitness & Wellness
(215) 571-4555 (phone)
(215) 895-2037 (fax)
personaltraining@drexel.edu

Alternatively, you may provide your patient a copy of this form to bring in to Membership Services Desk in the Drexel University Campus Recreation Center.

1. Are there specific concerns or conditions our staff should be made aware of prior to your patient beginning a fitness program with a personal trainer? (circle one)

YES NO

If yes, please specify:

2. Do you have any recommended limitations for your patient we should be aware of when considering a training regimen? (circle one)

YES NO

If yes, please specify:

3. Please provide the following information so that we may contact you if we have any further questions:

_____ I AGREE to have my patient participate in fitness programming at Drexel University Recreation Center.

_____ I DO NOT AGREE to have my patient participate in fitness programming at Drexel University Recreation Center.

Physician's Signature: _____ Date: _____

Physician's Name: _____

Address: _____

Thank you for your consideration.

Drexel Recreational Athletics
Health, Fitness & Wellness
(215) 571-4555 (phone)
(215) 895-2037 (fax)
personaltraining@drexel.edu



Drexel University

Recreation and Athletic Complex

Assumption of Risk and Release of Liability Form

Name: _____ Male Female ID # _____

Phone: _____ Email: _____

Address of User or Parent/Guardian (if User is under 18): _____

- Drexel Undergraduate Student (class year _____) Drexel Faculty/Staff
 Drexel Graduate Student Other _____

PLEASE READ CAREFULLY BEFORE SIGNING

ASSUMPTION OF RISK

I voluntarily agree to assume all risks involved in using the Drexel University Recreation and Athletic Complex, including, but not limited to use of fitness floor equipment, participation in group exercise classes, swim lessons or any instructional program, and use of swimming pool, squash courts, gymnasium courts and indoor track (collectively, the "Rec Center"). I understand that my use of the Rec Center is not a requirement of any employment and/or educational studies at Drexel University ("Drexel"). I understand that my use of the Rec Center exposes me to risk of injuries including but not limited to temporary or permanent muscle soreness, tendonitis, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of arms and/or legs, eye damage, gastrointestinal issues, disfigurement or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my use of the Rec Center that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the strenuous, vigorous physical activity involved with the Rec Center. It is my responsibility to check with a physician of my choice about my health status if I have any questions regarding my fitness for participation. I understand that if, at any time during my use of the Rec Center, I experience any distress or have any questions regarding my participation, I should consult my physician.

INSURANCE

I acknowledge that Drexel does not carry insurance to cover any medical expenses for users of the Rec Center. I acknowledge that as a user of the Rec Center I must provide my own health insurance coverage and am responsible for all medical bills incurred as a result of any injury sustained in using the Rec Center. I understand it is my responsibility to verify that my insurance policy covers all injuries or illness that may occur due to my use of the Rec Center.

PHOTO RELEASE

I have been advised that at various times during my use of the Rec Center, the University may be taking digital images, photographs, and/or videotapes of users for educational, promotional and informational purposes for use in University print materials and on the web. I understand that when/if a user's likeness or image is used in a publication, there will be no identifying information provided (i.e., user's name, personal information). By signing this agreement, I give permission for use of any images, photographs or video taken.

RELEASE OF LIABILITY

In consideration for Drexel providing me the opportunity to use the Rec Center, I voluntarily remise, release and forever discharge Drexel, its affiliated entities, its successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind (a "Loss") whatsoever arising out of or in any way relating to my use of the Rec Center, including, without limitation, a Loss resulting in whole or in part from the negligence of Drexel or its affiliated entities, trustees, officers, agents, faculty, staff or students.

I acknowledge that I have been given a copy of the Rec Center rules and policies and I agree to abide by them at all times during my use of the Rec Center.

By signing below, I am also consenting to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center if necessary for the provision of such care, for treatment of injuries that I may sustain while using the Rec Center.

By signing this release, I hereby certify that I am 18 years of age or older and that I have read and fully understand the conditions herein provided.

Print Name: _____ DATE _____

Signature: _____ DATE _____

Parent/Guardian Signature _____ DATE _____
(If you are under 18 years of age, the signature of a Parent or Guardian is required)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____