



AQUATIC AND FITNESS CENTER
PERSONAL TRAINING REGISTRATION FORM

Name: Home Phone:
Work Phone: Email:
Renewal New

WHAT TIME OF DAY DO YOU PREFER TO WORK WITH YOUR TRAINER?

- EARLY MORNING..... BEFORE 8 AM
MID MORNING..... UNTIL 12PM
LUNCH HOUR..... 11 AM - 2 PM
EARLY AFTERNOON..... 2 PM - 4 PM
EVENING..... 4 PM - 7 PM
LATE EVENING ..... AFTER 7 PM

I WOULD LIKE TO REQUEST:

- A FEMALE PERSONAL TRAINER
NO PREFERENCE
A MALE PERSONAL TRAINER

HOW MANY SESSIONS WOULD LIKE TO MEET WITH YOUR TRAINER?

- THREE (\$150) SIX (\$270) TWELVE (\$480) TWENTY-FOUR (\$840)

What are your specific fitness goals?

Do you have any medical conditions? or Rehab Needs?

Are you currently under Doctor's care? Has your physician cleared you for exercise?

Program Participants must purchase a Lot C parking permit at the customer service desk prior to their first session or use the Sandy Creek Parking Deck (1.50/ hour) across the street from the Aquatic & Fitness Center.

FOR OFFICE USE ONLY

Number of Sessions: Amount: Payment Type: Cash Check MC/Visa
Date Paid: Front Desk Staff Initials
Assigned Trainer Date Given to Trainer
Date Contacted Date of First Session



**George Mason University  
Aquatic and Fitness Center  
Fitness and Personal Training Programs**



**PAR-Q  
Physical Activity Readiness – Questionnaire**

**(For People Aged 15 to 69)**

Regular physical activity is fun and healthy. More people are starting to become more active every day.

Physical Activity is safe for most people. However, some people should check with their doctor before becoming more physically active. If you are planning to become more physically active than you are now, start by answering the eight questions in the box below.

The PAR-Q will tell you if you should check with your doctor before you start an exercise regimen. If you are over 69 years of age, and you are not used to physical activity, 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.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you a man over the age of 45 or a woman over the age of 55?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you know of any other reason why you should not do physical activity?

**If you  
answered**

**YES to one or more questions**

Your physician will need to complete the Statement of Medical Authorization BEFORE you will be allowed to participate in a Fitness Assessment and/or Personal Training. Tell your doctor about the PAR-Q and which questions you answered YES.

- Your doctor will provide guidelines regarding activities in which it is safe to participate.

**NO to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Become physically active slowly; increase. This is the safest and easiest way increase physical activity.
- It is safe to participate in a Fitness Assessment.



**DELAY BECOMING MORE ACTIVE IF:**

- You are not feeling well because of temporary illness such as a cold or a fever.
- You are or may be pregnant – talk to your doctor before becoming more active.

**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.

**I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ WITNESS: \_\_\_\_\_

or GUARDIAN (if under 18): \_\_\_\_\_