



RAM Personal Training

Division of Student Affairs – Campus Recreation

Dear MEMBER,

Thank you for taking the first step towards better overall health and allowing the West Chester University Recreation Center RAM Personal Training Program to be your guide. It is our mission to help you reach your goals by promoting fitness habits to last you a lifetime.

Before you can get started with your new personal trainer, you must read this packet in its entirety and fill out all applicable forms. These forms are an important means for us to help you reach your goals safely and efficiently. Forms and payment must be returned to the Welcome Desk at the entrance to the new Recreation Center. If you have any questions or comments, please contact the Assistant Director of Fitness Programs, Brynn Crognale at bcrognale@wcupa.edu.

In this packet:

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- Informed consent for fitness assessment

Thank you and good luck!

Your Health and Fitness Staff
West Chester University
Recreation Center
610.436.2065

Why RAM Training at the West Chester University Recreation Center?

Reaching Your Fitness Goals!

All trainers on staff hold national certifications and/or completed in-house training in personal training. Your trainer will provide you with the knowledge and confidence you need to achieve your health and fitness goals and sustain them long after you leave.

Personal trainers can...

- design a customized exercise program to meet your fitness goals
- assist you with general conditioning, weight gain or loss, and overall health and fitness
- provide weight training and cardiovascular training instruction
- provide you with accountability and motivation in your workouts
- provide you with a full assessment of your overall fitness health as it compares to national standards and recommendations for overall general health and decreased disease risk

How do I get started?

- Complete this packet
 - Healthy history form
 - Interest and Availability form
 - Consent form
 - Physician's Clearance (if applicable)
 - Payment online <https://www.wcupa.edu/services/campusrec/forms/personaltraining/>
- Return all documents to the front desk of the Student Recreation Center (*attn.: Kelsey Jaros*)
- Full payment must be made upon submission of registration materials
- A personal trainer will contact you after reviewing your health history, goals, and availability.
- Schedule an appointment

Assignment of Trainer

If the client does not request a Personal Trainer on the questionnaire sheet and the client has no preference, a Personal Trainer will be assigned based on availability.

A Personal Trainer will then contact you to set up your first appointment within 72 hours of submitting your packet (as long as medical clearance is not needed). It's that easy!

RAM Training Options

Private 1-on-1 Personal Training

This is your opportunity to meet one-on-one with a qualified personal trainer to develop a fitness program specifically designed to meet your needs and interests.

All students and non-student members who have not used personal training at WCU Campus Recreation must start with the initial package plan. Initial package comes with one session with a Personal Trainer and one Fitness Assessment & Consultation session, which includes a comprehensive fitness assessment, body composition, goal setting, and a personalized exercise prescription based on your fitness goals.

Additional sessions and fitness assessments purchases are sold separately and are 1 hour each.

*Additional 10 Session/Month is special package rate for those who seeking personal training services on a consistent level. All 10 sessions must be used within one month from the date of purchase. **No refunds will be given if all 10 sessions are not used within the month.**

Private 1-Hour Sessions	WCU Students	Members
*Initial Private Personal Training Package: 1 Session plus 1 FA & C	\$32	\$34
Fitness Assessment & Consultation	\$15	\$15
Additional 1 Session	\$25	\$30
Additional 5 Sessions	\$110 (22)	\$120 (24)
Additional 10 Sessions	\$200 (20)	\$220 (22)
Additional 10 Sessions/Month*	\$170 (17)	\$190 (19)

Buddy Personal Training (2 people)

Buddy Training allows you to obtain all the benefits of Personal Training but with the added bonus of doing it with a friend, roommate, and/or teammate.

All students and non-student members who have not used personal training at WCU Campus Recreation must start with the initial buddy package plan. Initial buddy package comes with one session with a Personal Trainer and one Fitness Assessment & Consultation session, which includes a comprehensive fitness assessment, body composition, goal setting, and a personalized exercise prescription based on your fitness goals.

Additional sessions and fitness assessments purchases are sold separately and are 1 hour each.

*Additional 10 Session/Month is special package rate for those who seeking personal training services on a consistent level. All 10 sessions must be used within one month from the date of purchase. No refunds will be given if all 10 sessions are not used within the month.

Note: It is recommended and encouraged that each person is at the same fitness level with similar goals to train together.

Buddy 1-Hour Sessions	WCU Students Per Person	Members Per Person
*Initial Private Personal Training Package: 1 Session plus 1 FA & C	\$23	\$24
Fitness Assessment & Consultation	\$15	\$15
Additional 1 Session	\$15	\$20
Additional 5 Sessions	\$60 (12)	\$70 (14)
Additional 10 Sessions	\$110 (10)	\$120 (12)
Additional 10 Sessions/Month*	\$80 (8)	\$90 (9)

RAM Training Policies

Payment Policy

Payment must be made **online only**.

<https://www.wcupa.edu/services/campusrec/forms/personaltraining/>

Paying a personal trainer directly is prohibited and will result in having all membership privileges terminated immediately.

Expiration Policy

All RAM Training Packages expire six months after purchase date. All Personal Training Packages are non-refundable.

Cancellation Policy

To cancel a training session, please notify the Personal Trainer 24 hours in advance of the scheduled training session to avoid cancellation charges. Failure to contact the Personal Trainer will result in a loss of the session.

Late Policy

Clients should arrive for personal training sessions on time. Sessions that begin late will still end one hour after the scheduled start time. Clients who arrive 15 or more minutes late for a session must forfeit the entire session.

Refund Policy

Personal Training Programs are non-refundable

ONLY exception in cases of:

- Termination of University employment.
- Formal leave of absence and sabbaticals (document verification required).
- Changes in medical condition resulting in physical limitations (physician documentation required) and/or a move equal to or greater than a 20-mile radius from West Chester University (documented verification required).

RAM Training Session Policies

1. Clients must be a current enrolled student at West Chester University or a faculty/staff/alumni member with a current purchased membership to WCU Campus Recreation.
2. All sessions are one hour. One-hour sessions cannot be split into half-hour sessions. If the client wants a 30-minute session, it will count as “one session”. Sessions can be back and back but will count as “two sessions”.
3. Due to inherent changes in health and fitness history, clients that have not trained with a Personal Trainer within the past year must undergo a reassessment and fill out updated paperwork.
4. Clients are not permitted to bring other individuals with them to the sessions unless “add a buddy” was purchased.
5. It is recommended that clients arrive 5-10 minutes prior to the scheduled start of their session.

‘Add a Buddy’ Package Policy

1. If the main client shows up for the session, but the “buddy” does not, the session will continue and the “buddy” will forfeit the session.
2. Clients who “add a buddy” must be aware that the Personal Trainer is not responsible for creating two different exercise prescriptions/work outs for clients who are at different fitness levels.
3. “Add a Buddy” max participation is 2 people. RAM Personal Training does not offer group training for more than 2 people.

10 Session/Month Policy

1. All 10 sessions must be used within one month from the date of purchase. No refunds will be given if all 10 sessions are not used within the month.
2. If purchased a package before a holiday or extended break, the client needs to either complete the 10 sessions/month before break begins or begin their sessions after the break. This should be worked out with the client and personal trainer.

Fitness Assessment & Consultation

What is a fitness assessment and why do I need one?

In a Fitness Assessment, the five components of physical fitness – body composition, cardiovascular endurance, muscular endurance, muscular strength, and flexibility – will be assessed and results will be categorized based on age and gender. Fitness assessments assess baseline levels of fitness and identify strengths and weaknesses, allowing you or your trainer to make a better program tailored for you or to track your progress.

In a Fitness Consultation, a personal trainer will provide an individual exercise prescription based on the results of the Fitness Assessment to meet the goals of the client. It will provide a well-rounded plan that will include cardio, strength, and flexibility exercises to help you get jump started to a healthy balanced lifestyle.

Cost: \$15

Appointment Information

Pick up a Fitness Assessment & Consultation form at the WCU Campus Recreation Center Welcome Desk or download it from our website at www.wcupa.edu/campusrec. At this time, if the client does not request a Personal Trainer on the questionnaire sheet and the client has no preference, a Personal Trainer will be assigned based on availability.

A Personal Trainer will then contact you to set up your first appointment within 72 hours of submitting your form (as long as medical clearance is not needed). It's that easy!

Payment Policy

Payment must be made **online only**.

<https://www.wcupa.edu/services/campusrec/forms/personaltraining/>

Cancellation Policy

To cancel a training session, please notify the Personal Trainer 24 hours in advance of the scheduled training session to avoid cancellation charges. Failure to contact the Personal Trainer will result in a loss of the session.

Late Policy

Clients should arrive for personal training sessions on time. Sessions that begin late will still end one hour after the scheduled start time. Clients who arrive 15 or more minutes late for an must forfeit the assessment.

Refund Policy

Fitness Assessment & Consultations are non-refundable

ONLY exception in cases of:

- Termination of University employment.
- Formal leave of absence and sabbaticals (document verification required).

- Changes in medical condition resulting in physical limitations (physician documentation required) and/or a move equal to or greater than a 20-mile radius from West Chester University (documented verification required)

RAM Training Interest and Availability Form

Name: _____ Date: _____
E-Mail: _____ Phone: _____
West Chester Affiliation: STUDENT FACULTY/STAFF AFFILIATE

Do you prefer a male or female personal trainer? _____ No preference _____
Request personal trainer by name: _____
What type of training are you interested in? (circle one)
Private 1-on-1 Training Group Training
How many sessions are you interested in? (circle one) *Not quite sure yet*
1 session 5 sessions 10 sessions 10 sessions/month
How many sessions per week? _____ 1 _____
Do you exercise regularly (2-5 times a week)? Yes or No
Primary Goal: _____ Become more tone and gain muscle _____
When do you hope to achieve this goal? _____
Please list all days & times you are available for training: _____ Monday-12pm-230pm Tuesday 12pm-230pm

Health Status Questionnaire

This questionnaire identifies adults for whom physical activity might be inappropriate or adults who should seek physician consultation before beginning a regular physical activity program.

Section 1 (Personal and Emergency Information)

Name: _____
Date of birth: _____
Address: _____
Phone: _____
Physicians name: _____
Height: _____ (inches)
Weight: _____ (lbs)

Person to contact in case of emergency:

Name: _____
Phone: _____

Section 2 (General Medical History)

Please check the following conditions that you have experienced

Heart history:

Heart attack _____	cardiac rhythm disturbance _____
Heart surgery _____	heart valve disease _____
Cardiac catheterization _____	heart failure _____
Coronary angioplasty (PTCA) _____	heart transplantation _____
Cardiac pacemaker _____	congenital heart disease _____

Symptoms:

You experience chest discomfort with exertion _____
You experience unreasonable shortness of breath at any time _____
You experience dizziness, fainting, or blackouts _____
You take heart medications _____

Additional health issues:

You have asthma or other lung diseases (e.g., emphysema) _____
You have burning or cramping sensations in your lower legs with minimal physical activity _____
You have joint problems (e.g., arthritis) that limit your physical activity _____
You have concerns about the safety of exercise _____
You take prescription medication _____
You are pregnant _____

Section 3 (Risk Factor Assessment)

Risk factors for coronary heart disease:

You are a man older than 45 years _____
You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal _____
You have diabetes (type 1 or 2) _____
You smoke or you quit smoking within the previous 6 months _____
Your blood pressure is >140/90 mmhg _____
Your cholesterol is >200 mg . dl-1 _____
You have a close blood relative (father or brother) who had a heart attack or heart surgery before the age of 55 or a close female relative (mother or sister) who had a heart attack or heart surgery before the age of 65 _____

You are physically inactive (you get less than 30 minutes of physical activity at least 3 days per week)____
Your waist circumference is greater than 40 in. (101.6cm in men) or greater than 35 in. (88.9 cm in women)____

Section 4 (Medications)

Are you currently taking any medications?

Yes___

No___

If yes, please list all of your prescribed medications and how often you take them, whether daily (D) or as needed (PRN).

Of the medications you have listed, are there any you do not take as prescribed?

Section 5 (Physical Activity Patterns and Objectives)

List the type, frequency, intensity (e.g., low, moderate, strenuous), and duration of your weekly exercise:
NONE

List your specific goals for your exercise program:
Gain muscle and tone

****If you have answered yes to questions indicating that you have significant cardiac, pulmonary, metabolic, or orthopedic problems that may be exacerbated with exercise, you MUST have medical clearance prior to exercising.****

Patient information release form

I understand the purpose of this Health History Questionnaire and I acknowledge that the staff of the 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 West Chester 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 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 WCU 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: _____

Personal Trainer signature: _____

Date: _____



Informed Consent for Participation Personal Training Program

Purpose and explanation of procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my general health and well-being. These may include general dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardio respiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. I agree to participate in a predetermined number of a formal program sessions (guided and unguided). Professionally trained personal fitness trainers will provide leadership to direct my education and activities, monitor my progression, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and other health/fitness related programs. If I am taking prescribed medication, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop.

I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

Risks

I understand and have been informed that there exists the remote possibility of adverse changes accruing during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand and 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 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 during exercise, and by my own careful control of exercise efforts. I fully understand the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

Testing and Evaluation Results

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of some or all of the following: Body composition, Cardiovascular fitness, Muscular fitness and Flexibility.

I understand that the fitness evaluation will be used to baseline my current level of fitness and to highlight any specific needs. It will also be used to design a customized fitness program for me. I understand that my fitness evaluation does not include a personalized workout. It will include, in addition to the baseline fitness assessment, fitness education, general nutritional evaluation, review of health and exercise history and goal setting.

I further understand that such screening is intended to provide the Department of Campus Recreation with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician.

I understand that I am responsible for informing the Department of Campus Recreation if there are any changes in my health or physical condition.

Benefits to be expected & available alternative to exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use of fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 3 to 6 months

Confidentiality and use of information

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as it does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purposes of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate.

I agree to indemnify and hold harmless the University, PASSHE, the State System of Higher Education, its Trustees, officers, agents and employees of the sport club program, from and against any and all claims, liability, losses, third party claims, damages, costs, or expenses (including attorneys' fees), from any responsibility or liability in case of personal injury sustained by me or damage to property of others caused by me during or because of participation in the activities of a personal training program

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Participants signature

Date

Personal Trainer Signature

Date

Physicians Consent Form

(If Applicable)

Dear Dr. _____

Your patient: _____ would like to begin an exercise program at _____ (Student Recreation Center at West Chester University).

After reviewing _____'s (patient's name) responses to our health status questionnaire, we would appreciate your medical opinion and recommendations concerning participation in regular exercise. Please provide the following information and return this form to

_____ (name)

_____ (address)

_____ (phone/fax)

1. Are there specific concerns or conditions our staff should be aware of before this individual engages in regular exercise at our facility? Yes/No, if yes, please specify.

2. If this individual has completed a graded exercise test, please provide the following:

a. Date of test _____

b. A copy of the final exercise test report and interpretation

c. Your specific recommendations for exercise training, including heart rate limits during exercise:

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

_____ I AGREE to the participation of this individual in regular exercise activity at your facility.

_____ I DO NOT AGREE that this individual is a candidate for exercise at your facility, and this individual should be referred to a supervised exercise facility because

Physician's signature _____

Physician's name _____

Address _____

Thank you for your consideration.

Signature of Personal Trainer _____