

# K-State Rec Services

## Personal Training Client Application

Rec Services strives to provide exceptional fitness programming to promote health and well-being to our K-State campus community. Our Nationally Certified Personal Trainers will put you through an individualized 60-minute workout session(s) based on your fitness goals. Personal trainers will follow industry standards and guidelines put forth by nationally accredited fitness organizations to provide quality training. *\*Results will vary according to each individual and are dependent on personal commitment and realistic goals.*

### Getting Started:

- ☹ Download/complete the personal training client forms from our website ([www.recservices.ksu.edu](http://www.recservices.ksu.edu)) or stop by the administrative office between the hours of 8am-5pm M-F and request the forms.
- ☹ Based on your goals, fill out the forms as completely as possible and turn them in at the Rec administrative office.
- ☹ Personal Training session packages may be purchased after you are matched with a trainer in the administrative office during hours of operation or call to pay over the phone: 785-532-6980.
- ☹ Once you have purchased your sessions, please allow a minimum waiting period of 7 business days for initial contact from a personal trainer that has been selected for you. If there is a waiting list, you will receive an email stating this from the Assistant Director-Fitness.
- ☹ During this waiting period, a review of your medical and exercise history will be conducted to ensure no risk factors are present. A physician's clearance may be warranted for those individuals who present high risk factors.

**Selection of Trainer:** Please allow 7-10 business days to be matched with a trainer. If there is an extensive waiting list, you will be notified of this. Clients will be assigned a trainer based on specific request (not guaranteed), client & trainer availability and client goals.

**Late Policy:** You are responsible for being on time for your appointment. Your trainer is only required to wait 10 minutes from the scheduled session. If your session begins late, it will only last until the end of the hour that the session was scheduled.

**Cancellation Policy:** Clients must notify their trainer at least 24 hours in advance to re-schedule an appointment. Failure to do so will result in forfeiture of the session. Your trainer is also responsible for giving 24-hour notice if they need to cancel or reschedule.

**Remaining Sessions:** If the client does not return/reply to the trainers' calls/texts/emails, there is a 90-day expiration of session(s) from day of purchase. Once training has started, if there is a pause to training, there is a 90-day expiration from last training session.

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Name	Signature	Date
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## Rec Services Personal Training Packages

Personal Training Package Options		Rates	
Session	Description	K-State Students	Non-K-State Students*
Fitness Assessment	Series of tests to evaluate current level of fitness. Tests include resting heart rate, blood pressure, cardiovascular endurance, muscular strength/endurance, flexibility, and body composition.	\$20	\$32
Quick Start	First session, fitness assessment and consultation. Second session is a 1-hour workout.	\$30	\$40
3 PT sessions**	1 hour each session	\$66 (\$22/session)	\$114 (\$38/session)
6 PT sessions**	1 hour each session	\$126 (\$21/session)	\$216 (\$36/session)
12 PT sessions**	1 hour each session	\$228 (\$19/session)	\$384 (\$32/session)
18 PT sessions**	1 hour each session	\$288 (\$16/session)	\$522 (\$29/session)

*\*Must have a current membership to the rec center for the duration of the training program*

*\*\* If you are a new client or you are renewing after 3+ months, the first session of any package purchased will be devoted to fitness assessment testing to obtain base line data to better program for your fitness level and goals.*

All training sessions are to be taken place on Chester E. Peter's Rec Center Complex property.

A medical release form may be required if:

1. You are a male 45 + years of age
  2. You are a female 55 + years of age
  3. Our Assistant Director of Fitness requests completion of a medical release form by your physician or doctor.
- Once complete, a trainer will be assigned, and you may proceed with scheduling your fitness assessment and training sessions.

*For office use only:*

Receipt #/Initials: \_\_\_\_\_

Pkg. Purchased: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

## CONTACT INFORMATION

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ K-State eID (KSU email): \_\_\_\_\_

Preferred email for communication if different than your eID: \_\_\_\_\_

Campus Affiliation (please circle one):      Student      Faculty/Staff      Other: \_\_\_\_\_

The BEST way to contact you is (please circle all that apply):      Phone Call      Text      E-mail

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PERSONAL INFORMATION

Major/Degree/Department: \_\_\_\_\_

Expected Graduation Date (students): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Gender:

- Female
- Male
- Non-binary
- Prefer not to disclose
- My gender is:  
\_\_\_\_\_

Pronouns:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- I do not use pronouns
- My pronouns are:  
\_\_\_\_\_

# TRAINER PLACEMENT INFORMATION

Name of preferred Personal Trainer (if applicable): \_\_\_\_\_

Preferred trainer gender (please circle): Male / Female / No Preference

## Training Availability: (Note that limited availability may restrict client placement)

Please specify the days & times you are available to train. Specify AM or PM.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Preferred Training Specialty:  
(Check all that apply)

- Cardio/Endurance
- Body Fat/Weight Loss
- Flexibility
- General Health & Fitness
- High Intensity Interval Training (HIIT)
- Hypertrophy/Muscle Building
- Mobility/CARs/PAILS/RAILS
- Older Adults
- Post-Physical Therapy Rehab (PT clearance)
- Power Training
- Strength Training
- Speed, Agility, and Quickness
- Weight Gain
- Special Request: \_\_\_\_\_

Desired # of sessions per week \_\_\_\_\_

Training will take place during hours of operation. Sessions end at least 15 minutes prior to closing.

Rec Complex hours: <https://recservices.k-state.edu/complex/rechours.html>

How much time are you willing to devote to physical activity and/or exercise outside of your scheduled training sessions? With what activities:

\_\_\_\_\_  
\_\_\_\_\_

List the type of exercises or activities you enjoy/don't enjoy participating in:

Enjoy: \_\_\_\_\_

Don't Enjoy: \_\_\_\_\_

# FITNESS GOALS

Overall Fitness Goal:

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One Month Fitness Goal:

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Six Month Fitness Goal:

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If your goal is to gain or lose weight, what is your desired body weight or body composition (body fat%)? Why would you like to be that weight/body composition?

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## EXERCISE HISTORY & LIFESTYLE QUESTIONNAIRE

1. In the past 6 months, how often have you been engaged in physical activity?

- Regularly (3 to 4 times/week)
- Semi-regular (1 to 2 times/week)
- Sporadic (1 to 2 times/month)
- None

3. Do you start exercise programs but then find yourself unable to stick with them?

- Yes If yes, please explain \_\_\_\_\_
- No

2. Are you currently (or within the past month) participating in the following:

**Cardiovascular exercise** (jogging, cycling, etc.)?

Activity/exercise: \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Minutes per day: \_\_\_\_\_

**Resistance Training** (weightlifting, push-ups, core exercises, etc.)?

Activity/exercise: \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Minutes per day: \_\_\_\_\_

If not participating in cardiovascular exercise or resistance training, why did you stop?

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3. What other exercise, sports or recreational activities have you participated in the last six months?

Activity/exercise: \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Minutes per day: \_\_\_\_\_

4. Rate what you feel is your level of exertion of your current exercise program (circle all that apply):

Light      Fairly Light      Medium      Challenging      Very Challenging

5. What are your personal barriers to exercise?

\_\_\_\_\_

6. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs including specific experiences at the Rec?

Yes      If yes, please explain \_\_\_\_\_

No

7. If you have experienced soreness after a workout, circle what best describes your experience:

Pleasurable      Tolerable      Never to experience again      I've never experienced soreness

8. How do you like to be motivated?

\_\_\_\_\_

9. Do you experience any chronic pain?

Yes      If yes, please explain \_\_\_\_\_

No

10. On average, circle how many hours of sleep do you get in a 24-hour period?

9 – 10 hours      7 – 8 hours      5 – 6 hours      4 or less hours

11. Are you a cigarette smoker?

Yes      If yes, how many per day? \_\_\_\_\_      How long have you been smoking? \_\_\_\_\_

No

9. Did you previously smoke cigarettes?

Yes      If yes, when did you quit? \_\_\_\_\_

No

10. Have you suffered a heart attack, stroke, or major health event before?

Yes      If yes, what was the event: \_\_\_\_\_ Date: \_\_\_\_\_

No

11. List surgeries, injuries, bone/joint issues, and conditions that may impact physical activity:

Injuries and/or Surgeries & Date(s): \_\_\_\_\_

Bone/Joint issue(s): \_\_\_\_\_

Conditions (ex. asthma, seizures, diabetes, etc.): \_\_\_\_\_

## NUTRITION QUESTIONNAIRE

1. Are you currently on a special diet? (i.e., vegetarian, low-carb, high protein, etc.)  
 Yes If yes, please describe: \_\_\_\_\_  
 No
2. Are you currently taking any vitamin or supplements of any kind?  
 Yes If yes, please describe (include brand name and dose) \_\_\_\_\_  
 No \_\_\_\_\_
3. Do you feel you eat healthy most of the time?  
 Yes  
 No If no, why not? \_\_\_\_\_
4. Do you drink alcoholic beverages?  
 Yes If yes, how many days per week? \_\_\_\_\_ How many drinks per day?  
 No

For measuring purposes, each constitutes 1 drink.

12 fl oz of **regular beer** = 5 fl oz of **table wine** = 1.5 fl oz shot of **80-proof spirits** ("hard liquor")

5. List any medications you currently take, include your side effects for each:

6. Please list any other considerations or information your trainer should be aware of before getting started? (ex: injuries, exercise/activities you can't/won't perform, effective motivation techniques for you, etc.)

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# 2023 PAR-Q

## THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FOR EVERYONE

(Adapted from the 2023 PAR-Q+)

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: circle YES or NO.

1. Has your doctor ever said that you have a heart condition **OR** high blood pressure?  
 Yes Which one: Heart condition High blood pressure Both  
 No
2. Do you feel pain in your chest at rest, during your activities of daily living (ADLs), **OR** when you do physical activity?  
 Yes Which one: ADLs Physical activity Both  
 No
3. Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months?  
Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise).  
 Yes Which one: Dizziness Lost consciousness Both  
 No
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?  
 Yes Please list condition(s) here: \_\_\_\_\_  
 No
5. Are you currently taking prescribed medications for a chronic medical condition?  
 Yes Please list condition(s) with medication(s) here: \_\_\_\_\_  
 No
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it **does not limit your current ability** to be physically active.  
 Yes Please list condition(s) here: \_\_\_\_\_  
 No
7. Has your doctor ever said that you should only do medically supervised physical activity?  
 Yes  
 No

If you answered Yes to one or more questions, please explain your reasoning below:



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By answering **Yes** to one or more questions we recommend talking with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

- You may be asked to complete the Medical Release Form.
- You may be able to do any activity you want --- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow their advice.
- Find out which community programs are safe and helpful for you.

If you answered **NO** to all the questions above, you are cleared for physical activity.

- Start becoming much more physically active --- begin slowly and build up gradually.
- You may take part in a health and fitness appraisal --- this is an excellent way to determine your base fitness levels so that you can better plan for your physical activity.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or fever --- wait until you feel better.
- If you are or may be pregnant --- talk to your doctor before you start becoming more active and provide documentation.
- Your health changes and you are unsure if you can begin or continue participation in physical activity.

*Please note: If in doubt after completing this questionnaire, you consult your doctor prior to physical activity. If your health changes so that you then answer YES to any of the former questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

I have read and understood to my full satisfaction and completed this questionnaire. I also acknowledge that the fitness center may retain a copy of this form for its records.

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Name

Signature

Date

# Waiver/Release

Before I meet with a Rec Services Personal Trainer, take part in fitness testing, or engage in a training program, I certify 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. I verify that I have contacted/will contact my doctor prior to becoming more physically active; as stated as a result of my health questions/condition responses and will provide/have provided a medical clearance from my doctor if necessary. I understand and am aware that strength, feasibility, and aerobic exercise, including use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby release Kansas State University, the State of Kansas, and their agents, officers, and employees for any and all liability, even if arising from their negligence, and agree to indemnify and hold these parties harmless for any accidents, injury, loss, or damage to property, and from any legal fees that I may ever have as a direct or indirect result of participating in Personal Training. This release, indemnification, and waiver shall be construed broadly to the maximum extent available under applicable law.

I understand these services are non-refundable, non-transferable, and expire 90 days from date of my last training session.

I also understand my information will be kept in the trainer's possession from time to time to allow them to personalize my workout sessions. After sessions are completed, my file will be filed in the Personal Trainer's studio here at the Rec Complex.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Reviewed By Fitness Director:  
\_\_\_\_\_

# Medical Release Form – REQUIRED IF →

1. Client is a male 45 + years of age
2. Client is a female 55 + years of age
3. Our Assistant Director of Fitness requests completion of a medical release form to be completed by client’s physician or doctor.

Once completed, a trainer will be assigned, and client may proceed with scheduling the fitness assessment and training sessions.

Dear Doctor:

Your Patient, \_\_\_\_\_, wishes to start a personalized fitness program with a personal trainer from Rec Services at Kansas State University.

The activity will involve but is not limited to – fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate their heart rate and blood pressure.

If your patient is taking medication that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Please identify any other recommendations or restrictions for your patient in this exercise program:

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Thank you,  
Mitzie Rojas, RDN, LD, CPT  
Assistant Director-Fitness  
Recreational Services  
Kansas State University  
(785) 532-6980

(patient/client) \_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_