



# STUDENT WELLNESS PROGRAMS

Name (Print): \_\_\_\_\_ SVSU ID Number: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Status of Client (please circle one): Fr So Jr Sr Grad Faculty Staff Alumni Member

## Training Packages

Please circle the desired training package below:

<b>Student Individual</b>	<b>Student Buddy Train (2)</b>	<b>Non-student Individual</b>	<b>Non-student Buddy Train (2)</b>
1 session: \$10	1 session: \$18 total	1 session: \$20	1 session: \$38 total
5 sessions: \$45	<b>Student Group Train (3)</b>	5 sessions: \$95	<b>Non-student Group Train (3)</b>
10 sessions: \$90	1 session: \$24 total	10 sessions: \$180	1 session: \$54 total

*\*For Buddy or Group Train, all participants must complete registration form and list other names in group below. Prices are for entire group.*

Participant #2 Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Participant #3 Name \_\_\_\_\_ E-mail: \_\_\_\_\_

To help us pair you with a personal trainer best suited for your goals, please circle your preferences below.

**Personal Trainer Preference:**  Male Trainer  Female Trainer  Specific Trainer: \_\_\_\_\_

**Do you currently exercise?**  Yes  No

**If "Yes", please specify what type you do and how often:**

**Desired Number of Personal Training Sessions Per Week:** 1 2 3 4 5 Unsure

**Possible Training Days:** Mon Tues Wed Thurs Fri Sat Sun

**Preferred time(s) of day you are available to personal train:**

Early morning (6:30am-9am)  Mid-morning (9am-11:30am)  Early afternoon (11:30am-2pm)

Late afternoon (2pm-5pm)  Evening (5pm-Midnight)

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Goals/Areas of Interest:**

Weight Loss  Weight Management  Muscle Gain  General Health  Strength Training  Cardio Training

Injury Rehab  Flexibility  Stress Reduction  Functionality (posture/balance/core)  Other \_\_\_\_\_

### Registration Process

Step 1: Fill out registration form and turn in to Campus Recreation Office located in the first floor Fitness Center.

Step 2: You will be contacted by Recreation staff to set up your first session and discuss your options.

Step 3: Pay for your sessions at your first session with your personal trainer in the Campus Recreation Office.

## ACSM RISK STRATIFICATION

**Table 1: Coronary Artery Disease Risk Factors Thresholds\***

<b>Risk Factors: (Positive)</b>	<b>Defining Criteria</b>
Family History	Myocardial infarction, coronary revascularization, or sudden death before 55 years of age in father or other male first-degree relative (i.e., brother or son), or before 65 years of age in mother or other female first-degree relative (i.e., sister or daughter)
Cigarette Smoking	Current cigarette smoker or those who quit within the previous 6 months.
Hypertension	Systolic blood pressure of $\geq 140$ mm Hg or diastolic $\geq 90$ mm Hg, confirmed by measurements on at least 2 separate occasions, or on antihypertensive medication.
Hypercholesterolemia	Total serum cholesterol of $>200$ mg/dl (5.2 mmol/L) or high-density lipoprotein cholesterol of $<35$ mg/dL (0.9 mmol/L), or on lipid-lowering medication. If low-density lipoprotein cholesterol is available, use $>130$ mg/dL (3.4 mmol/L) rather than total cholesterol of $>200$ mg/dL.
Impaired Fasting Glucose	Fasting blood glucose of $\geq 110$ mg/dL (6.1 mmol/L) confirmed by measurements on at least 2 separate occasions
Obesity	Body Mass Index of $\geq 30$ mg/m <sup>2</sup> , or waist girth of $>100$ cm ( $\approx 39.4$ inches).
Sedentary Lifestyle	Persons not participating in a regular exercise program or meeting the minimal physical activity recommendations from the U.S. Surgeon Generals' Report.
<b>Risk Factors: (Negative)</b>	
High Serum HDL Cholesterol	$>60$ mg/dL (1.6 mmol/L)

**Table 2: Initial ACSM Risk Stratification**

<b>Low Risk</b> *( $\leq 1$ risk factor)	Younger individuals ( $<45$ men; $<55$ women) who are asymptomatic and meet <b>*no more than one risk factor</b> threshold from <b>Table 1</b> .
<b>Moderate Risk</b> *( $\geq 2$ risk factors)	Older individuals (men $\geq 45$ ; women $\geq 55$ ) or those who meet the threshold for <b>*two or more risk factors</b> from <b>Table 1</b> .
<b>High Risk</b> *( $\geq 1$ "Major" signs/symptoms)	Individuals with <b>one or more signs/symptoms</b> listed in <b>Box 1</b> or known cardiovascular, pulmonary, or metabolic disease.

### Positive Risk Factors

Please indicate any positive risk factors using the Risk Stratification tables above

Family History

Cigarette Smoking

Hypertension

Hypercholesterolemia

Obesity

Impaired Fasting Glucose

Sedentary Lifestyle

### Risk Stratification

Low

Moderate

High

## Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advise concerning the type of activity most suitable for them.

Please read the questions carefully.

Check **YES** or **NO** next to the questions as they apply to you. If yes, please explain.

<u>YES</u>	<u>NO</u>	
—	—	1. Has your doctor ever said you have heart trouble? Yes, _____
—	—	2. Do you frequently have pains in your heart and chest? Yes, _____
—	—	3. Do you often feel faint or have spells of severe dizziness? Yes, _____
—	—	4. Has a doctor ever said your blood pressure was too high? Yes, _____
—	—	5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Yes, _____
—	—	6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? Yes, _____
—	—	7. Are you over age 60 <b>and</b> not accustomed to vigorous exercise? Yes, _____
—	—	8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? Yes, _____
—	—	9. Are you currently taking any medications? Yes, _____
—	—	10. Do you currently have a disability or a communicable disease? Yes, _____

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Campus Recreation Informed Consent and Release

**\*\*\*Please Read Carefully and Completely\*\*\***

I have been informed and fully realize there are dangers and risks to which I may be exposed while participating in Campus Recreation activities. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to slips or falls, traffic or other damage to my person, delay or inconvenience, and/or damage to my property while participating in Campus Recreation activities. I understand that Saginaw Valley State University does not require me to participate in the activity, but I do so freely, despite the possible risks and the Release.

I therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with Campus Recreation activities. I release Saginaw Valley State University, its Board of Trustees, employees, and agents from all liability, claims and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with the activity. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failure to act of Saginaw Valley State University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this Release does not apply to instances of intentional misconduct by a University employee or agent.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods. I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Saginaw Valley State University, its Board of Trustees, its employees or agents from liability for any claim or loss, injury or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Saginaw Valley State University, including, but not limited to, owners or contractors providing accommodations or other services.

I hereby certify that I have read, understand, and agree to this Informed Consent and Release statement provided by Campus Recreation, as well as signed this statement under my own free will.

Activity: Personal Training Program

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date