

Department of Campus Recreation: SouthFit Personal Training

Steps to sign up

Step 1: Choose the personal training package that you would like on page 2. Personal training is only available to members of the USA Student Recreation Center.

Step 2: Fill out all pages of this packet including the waiver and health history. Determine if you need a physician's clearance (page 4). If so, send your physician the Release to Exercise (page 6) and then have him/her return it to you. Attach the release back to your packet. This release should list any exercise restrictions you have due to physical limitations or medication.

Step 3: Return your packet to the front desk of the USA Student Recreation Center. **Pay online** per the instructions on page 2. You will be contacted by a trainer once the paperwork and payment have been received. *This process normally takes 1-2 business days but may take longer during busier times of the year.* Be sure to indicate what days and times you are available for personal training sessions.

Please note: we do not make appointments without pre-payment.

Step 4: Use your sessions! Your sessions will expire. See page 2 for expiration lengths. There are no refunds on unused services.

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Personal information (please fill out completely):

Name:		Date:	Age:
Email:		Phone number:	
Address, City, State, Zip:			
J# or membership number:			
Membership type (check one below). <i>You must be a member of the USA Student Recreation Center in order to purchase personal training sessions.</i>			
<input type="checkbox"/> USA Student	<input type="checkbox"/> USA Faculty/Staff	<input type="checkbox"/> USA Retiree	<input type="checkbox"/> USA Alum
<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Plus One	<input type="checkbox"/> Affiliate
Emergency contact:		Phone number:	Relation:

Indicate the number of sessions you wish to purchase.

Number of one-hour personal training sessions	One-on-one training	“Buddy” Training (2 clients, 1 trainer)	Session expiration from date of purchase
1 training session	<input type="text"/> \$35	<input type="text"/> \$45	30 days
4 training sessions	<input type="text"/> \$95	<input type="text"/> \$115	60 days
6 training sessions	<input type="text"/> \$120	<input type="text"/> \$150	60 days
10 training sessions	<input type="text"/> \$170	<input type="text"/> \$215	90 days
12 training sessions	<input type="text"/> \$195	<input type="text"/> \$250	120 days

*Below are options for 30-minute sessions. **These are only available to members who are physically unable to complete one hour of exercise.** Please email Sarah Schrenk, sarahrentz@southalabama.edu, prior to purchase to request these.*

Number of 30-minute personal training sessions	One-on-one training	Session expiration from date of purchase
8 training sessions	<input type="text"/> \$95	90 days
12 training sessions	<input type="text"/> \$120	120 days

List a variety of available days & times for personal training appointments:

1.	2.	3.
Name of client who referred you (if applicable):		
Preferred trainer (if you do not have one, leave blank):		

Payment is due upon submission of packet. We do not schedule sessions without pre-payment:

1. Visit usacampusrec.southalabama.edu and login. Full instructions on how to login and search for personal training sessions are on our website at www.southalabama.edu/southfit
2. Choose the number of sessions you wish to purchase
3. Add to cart and check out.

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Waiver: To be signed by all participants who are 19 years of age or older. If participant is under 19 years of age, participant's parent or guardian must sign this release. Participant/guardian must sign in the presence of one (1) witness.

In consideration of the University of South Alabama permitting participation in this activity, I, in full recognition and appreciation of any and all risks, hazards or dangers inherent in this activity to which participant may be exposed do hereby acknowledge that I fully understand the risks involved and that I agree to assume all of the risks and responsibilities surrounding participation in this activity. If participation includes climbing the rock wall or swimming in the USA pool, I acknowledge that there are specific risks associated with rock wall climbing and swimming. I understand that I have the opportunity to ask questions to my satisfaction regarding any and all activities and associated risks prior to signing this document.

I understand that the Campus Recreation Department and the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property. Further, I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the Campus Recreation Department and the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in the aforesaid activity.

I understand that participation in the above activity is voluntary and not required by the University of South Alabama or the Campus Recreation Department. I understand that participant IS NOT covered by any University liability insurance.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 20__.

SIGNATURE OF PARTICIPANT (if 19 or over)
OR PARENT/GUARDIAN (if participant is under 19)

SIGNATURE OF WITNESS

PRINTED NAME OF PARENT/GUARDIAN
(if participant is under 19)

PRINTED NAME OF WITNESS

Please initial that you have read and understand the SouthFit policies below: _____

1. Participant will stay properly fed and hydrated before, during, and after exercise and dress in appropriate clothing and footwear.
2. Participant will completely disclose any health issues in the following pages.
3. Participant will report any signs or symptoms of illness, distress, or abnormalities to the trainer immediately.
4. Emergency medical personnel may be called on the participant's behalf if deemed necessary by USA employees.
5. Participant may ask personal trainers or other fitness staff about the procedures and methods used during sessions.
6. Participant may withdraw from any fitness/wellness service at any time; however, all services are non-refundable.
7. Participant agrees to expiration date of sessions as indicated on the previous page. Failure to use all sessions before expiration will result in the forfeiture of the remaining sessions.
8. Cancellations: All sessions must be canceled at least 12 hours before a scheduled appointment. Failure to do so will result in the loss of your session and participant will be charged. Participant should contact the trainer directly to cancel a session.
9. Late policy: Trainers are obligated to wait only 10 minutes for no-show participants. After 10 minutes, participant will be charged as a cancellation. Sessions that start late will end on time. If participant will be late, please have the courtesy to contact the trainer. Buddy sessions with only one participant arriving will be charged for a full session.
10. Dependents must be at least 10 years old to work with a personal trainer and are limited to dependent hours, areas, and equipment. The parent/guardian must supervise dependents age 10-15 during the sessions. Participants age 16 must have a parent/guardian in the building during sessions.
11. If at any time the participant is unhappy with his/her services or relationship with the trainer, a new trainer can be obtained. Please contact Sarah Schrenk, Fitness Coordinator.

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Page 3 and 4 ask for your medical history to determine if you need a physician's release to exercise, as well as any medical conditions the personal trainers need to take into consideration when planning your workouts. We use the American College of Sports Medicine (ACSM) recommendations when determining if a client needs a physician's release. Please note we are not required to comply with HIPAA's Privacy Rule.

Condition	Yes	No
Are you currently pregnant or less than six weeks post-partum?		
Do you currently have or are you currently being treated for cancer?		
Have you been diagnosed with or treated for cardiovascular disease, including but not limited to: stroke, atherosclerosis, arteriosclerosis, cardiovascular surgeries, heart attack, peripheral vascular disease, or cerebrovascular disease?		
Have you been diagnosed with metabolic disease, including but not limited to Type 1 or Type II diabetes?		
Have you been diagnosed with renal/kidney disease?		
Do you have COPD or require the use of oxygen?		
<p>Are you currently experiencing any signs or symptoms of cardiovascular, metabolic, or renal disease, either during rest or during activity? These signs and symptoms include but are not limited to:</p> <ul style="list-style-type: none"> • Pain and discomfort in the chest, neck, jaw, arms, or other areas resulting from ischemia • Shortness of breath at rest or with mild exertion • Dizziness or fainting with regular activities • Shortness of breath while lying down • Ankle edema • Heart palpitations or tachycardia • Intermittent claudication • Known heart murmur • Unusual fatigue or shortness of breath with regular activities • Excessive thirst or urination 	(If yes, please circle which one of the signs or symptoms you are currently experiencing.)	

If you answered **yes** to any of the above, **you must have a physician's release to exercise before setting up personal training sessions. No exceptions.** Please see the last page of this packet and have your physician fill it out, then turn it in with the rest of your packet.

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Please indicate if you have any of the following:

Condition	Yes	No	Condition	Yes	No
Arthritis			Migraine headaches		
Asthma			Multiple Sclerosis		
Back Problems			Nerve problems		
Bone Spurs			Orthopedic issues		
Epilepsy or Seizures			Osteoporosis		
Fibromyalgia			Plantar Fasciitis		
High blood pressure			Tobacco user		
High cholesterol			Other		
Hypoglycemia			(Describe)		

If you checked any of the above, please explain any exercise limitations you have due to that condition:

Please list any medications you take for any conditions checked on page 4 or 5.

The University of South Alabama Student Recreation Center reserves the right to also request a physician's or physical therapist's release to exercise for any of the above conditions. We recommend that all clients who have asthma or COPD bring an inhaler to personal training sessions.

Exercise habits:

Question	Yes	No	Days per week	Minutes per day
Do you do cardiovascular exercise, such as walking, cycling, fitness classes, swimming, elliptical, or playing sports?				
Do you do strengthening activities such as weight lifting, yoga, or calisthenics?				
Do you stretch regularly?				
Do you do balance exercises regularly?				
Are you active on a daily basis, such as gardening, housecleaning, or job-related duties (server, lifting boxes, loading trucks, etc)?				
What exercises are you willing to do?				
What exercises are you not willing to do?				
What is your reason for hiring a personal trainer?				
What are your barriers to getting regular exercise?				

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Physician's Release to Exercise

Client's name: _____ Date: _____

I, _____ (client's name), authorize the release of the below information to the University of South Alabama Department of Campus Recreation:

To be filled out by physician:

Please list any limitations or recommendations that you may have for an exercise program for this client. Programs may include warm-up, cool-down, cardiovascular exercise, resistance (weight) training, stretching, balance training, or myofascial release.

Is the client on any medication that may affect the heart rate and/or blood pressure response to exercise?
If so, please name.

Please fill out the following information if available:

Date & result of last stress test	
Blood pressure	
Fasting total cholesterol	
Fasting blood glucose	
Physician's name	
Physician's signature	
Address	
Telephone	

Please return to the above-named client.