



Partner Personal Training Registration Form

Once you are assigned to a Personal Trainer and are notified by Fitness and Wellness Staff through email you may proceed with payment. Upon receipt of the Personal Training Registration, individuals will be contacted within 5 business days regarding registration status. All Personal Training packages include a fitness assessment as the first session to benchmark the individual's fitness level. Prior to submission of the Personal Training Registration please sign and date the LSU UREC Participation Agreement (see reverse). ** Both parties must complete this form.

Participant Information

Last Name First Name Gender Identification Age

Date of Birth Phone Number E-mail Address Name of Participating Partner

Classification

UREC Student UREC Member Non-Member

Emergency Contact

Last Name First Name Phone Number Relationship

Individual Training Packages and Preferences

Select a Package

	Student	Member
Fitness Assessment Only	\$25.00	\$30.00
Two Sessions	\$36.00	\$50.00
Four Sessions	\$66.00	\$100.00
Six Sessions	\$96.00	\$150.00
Ten Sessions	\$160.00	\$250.00
Twenty Sessions	\$300.00	\$450.00

Fitness Goal

- | | | |
|---------------------------------|--|-----------------------------|
| Reduce Body Fat and Lose Weight | Enhance Work, Recreation and Sport Performance | Reshape Body |
| Weight Gain | Reduce Blood Pressure/Cholesterol | Build Lean Muscle Mass |
| Increased Confidence and Energy | General Health and Fitness | Better Balance and Mobility |
| Improve Stamina and Flexibility | Improve Cardiovascular Fitness | |
| Muscular Strength | | |

Desired Completion Date

Availability

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Trainer Preference

No Preference

Male Trainer

Female Trainer

Trainer's Name

Medical History

Have you or an immediate family member now or in the past experienced? **

You Family

Chest pain while
exercising

Asthma

Heart attack

Bursitis

Heart disease

Arthritis

Pacemaker

You Family

Tendonitis

High blood pressure
(>140/190)

Muscle Injury

Diabetes mellitus

Joint Injury

Dizziness/Loss of
Consciousness

Smoking

You Family

Currently
pregnant/postpartum

Cancer

Depression

Osteoporosis

Low back pain

High Cholesterol (total
> 200)

Nutrition relation
disorder

If you have checked any boxes, please explain:

Please list any medications that you are currently taking:

Participant Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I know and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation. I hereby certify I have adequate health insurance to cover any injury or damage that I may suffer while participating, or alternatively, agree to bear all cost associated with any such injury or damages myself. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician. Further, I hereby release and hold harmless the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or department from any and all liability, claims, damages, costs, expenses, personal injuries illnesses death or loss of personal property resulting, in whole or in part, from m participation in, or use of, an facility, equipment and/or programs of Louisiana State University.

Printed Name of Participant

Signature of Participant

Printed Name of Parent/ Legal Guardian
(If under 18)

Signature of Parent/ Legal Guardian
(If under 18)

Date

Option to e-mail or scan printed form to urecpt@lsu.edu