



# PARTNER PERSONAL TRAINING REGISTRATION FORM

Due to privacy, do not transmit this form electronically.

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 of each package to benchmark the individuals fitness level. Prior to submission of the Personal Training Registration please sign and date the LSU UREC Participation Agreement (see reverse).

## PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH (mm/dd/yyyy)
			AGE
PHONE	EMAIL ADDRESS	<b>CLASSIFICATION</b>	
		UREC MEMBER	STUDENT
FULL NAME/S OF OTHERS IN GROUP (up to 2 additional people)			

## EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP

## PACKAGE & PREFERENCES

<p><b>Select a package</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Individual Training</th> <th style="text-align: center;">Student</th> <th style="text-align: center;">UREC Member</th> </tr> </thead> <tbody> <tr> <td>Fitness Assessment Only</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Two Sessions</td> <td style="text-align: center;">\$36</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>Four Sessions</td> <td style="text-align: center;">\$66</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Six Sessions</td> <td style="text-align: center;">\$96</td> <td style="text-align: center;">\$150</td> </tr> <tr> <td>Ten Sessions</td> <td style="text-align: center;">\$160</td> <td style="text-align: center;">\$250</td> </tr> <tr> <td>Twenty Sessions</td> <td style="text-align: center;">\$300</td> <td style="text-align: center;">\$450</td> </tr> </tbody> </table>	Individual Training	Student	UREC Member	Fitness Assessment Only	\$25	\$35	Two Sessions	\$36	\$50	Four Sessions	\$66	\$100	Six Sessions	\$96	\$150	Ten Sessions	\$160	\$250	Twenty Sessions	\$300	\$450	<p><b>Availability (must be completed)</b></p> <table style="width:100%;"> <tr><td>Monday</td><td>_____</td></tr> <tr><td>Tuesday</td><td>_____</td></tr> <tr><td>Wednesday</td><td>_____</td></tr> <tr><td>Thursday</td><td>_____</td></tr> <tr><td>Friday</td><td>_____</td></tr> <tr><td>Saturday</td><td>_____</td></tr> <tr><td>Sunday</td><td>_____</td></tr> </table>	Monday	_____	Tuesday	_____	Wednesday	_____	Thursday	_____	Friday	_____	Saturday	_____	Sunday	_____	<p><b>Trainer Preference</b></p> <p><input type="checkbox"/> No Preference</p> <p><input type="checkbox"/> Male Trainer</p> <p><input type="checkbox"/> Female Trainer</p> <p>Trainer's Name: _____</p>
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<p><b>Fitness Goal:</b> _____</p>		<p><b>Desired Completion Date</b> _____</p>																																			

## MEDICAL HISTORY

*Have you, or an immediate family member now or in the past experienced:\*\**

<b>YOU</b>	<b>FAMILY</b>	<b>YOU</b>	<b>FAMILY</b>
Chest pain while exercising		Asthma	
Heart attack		Bursitis	
Heart disease		Arthritis	
Pacemaker		Tendonitis	
High blood pressure (>140/190)		Muscle Injury	
Diabetes mellitus		Joint Injury	
Dizziness/Loss of Consciousness		Smoking	
Currently pregnant/postpartum		Cancer	
Depression		Osteoporosis	
Low back pain		High Cholesterol (total > 200)	
Nutrition relation disorder			

**\*\* Medical clearance may be required for individuals who meet or exceed certain risk factors prior to the first training session. In the event medical clearance is necessary for participation, you will be required to present LSU UREC with the provided form, signed and completed by your physician.**

List any medications you are currently taking: \_\_\_\_\_

If you have checked any boxes to the left, please explain: \_\_\_\_\_

FOR OFFICE USE	RECEIVED BY: _____	DATE: _____	TIME: _____
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# LSU | University Recreation

## 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 knowingly 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 damages that I may suffer while participating, or alternatively, agree to bear all costs 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 departments 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 my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University.

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**Printed name of participant**

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**Signature of participant**

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**Printed name of parent/legal guardian (if under 18)**

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**Signature of parent/legal guardian (if under 18)**

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**Date**