Partner(s) Personal Training
For New Clients

5 reasons for personal training with a friend:

1. Social support and accountability
2. Incorporation of partner exercises
3. Competition/support provides better fitness results
4. Cost effective
5. It’s fun

Client’s Name (Leader): _____________________ Phone: _____________________
Alt.Phone: _____________________ Email: _____________________
Age: ___ Sex: ☐ M ☐ F

Client’s Name (2): _____________________ Phone: _____________________
Alt.Phone: _____________________ Email: _____________________
Age: ___ Sex: ☐ M ☐ F

(Optional)
Client’s Name (3): _____________________ Phone: _____________________
Alt.Phone: _____________________ Email: _____________________
Age: ___ Sex: ☐ M ☐ F

Trainer Preferred: ☐ M ☐ F Name: _____________________

Check all that apply:

Package Rate Per Person:
☐ 3 Session $63
☐ 5 Sessions $105
☐ 8 Sessions $152
☐ 12 Sessions $228
☐ 16 Sessions $288

Fitness Assessment (Per Person)
☐ Comprehensive Fitness Assessment $50
☐ Comprehensive Fitness Assessment $45
(With the purchase of a Personal Training Package)
**TO BE COMPLETED BY FRONT DESK STAFF**

Health History Intake Form Complete: □ Client 1 □ Client 2 □ Client 3 (optional)
Exercise History/Attitude Questionnaire Complete: □ Client 1 □ Client 2 □ Client 3 (optional)

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**TO BE COMPLETED BY SUPERVISOR**

Assigned To: ______________ Date Assigned: ______________ Session Expire: ______________

Client’s stratification:
- □ Low Risk
- □ Moderate Risk
- □ High Risk

**TO BE COMPLETED BY PERSONAL TRAINER**

Date Started: __________ Date Completed: __________

Notes:

Trainer’s Signature: ________________________________
Partner(s) Personal Training Rules:

- The Group Leader will be the main contact for the trainer/supervisor. It is the group leader’s responsibility to relay information to his or her partner(s).

- Each member must sign and complete the Health History and PAR-Q forms

- Each member must pay before meeting with a trainer

- You and your partner(s) MUST have similar training goals

- Sessions will NOT be broken into individual make-up training times if a group member cannot make a session

- Each person in the group will do the same workout – modifications will be provided as needed
Group Leader:________________ Phone Number:_________ Best time to call:_________

** SCHEDULING WHEN YOUR GROUP CAN WORKOUT WITH YOUR TRAINER**

Days/Times Available to train (Please fill out ALL 5 options):

Option 1:____________________
Option 2:____________________
Option 3:____________________
Option 4:____________________
Option 5:____________________

- How many days per week do you want to work out with your trainer?
  1□  2□  3□  4□  5□

- What are your goals that you’re trying to achieve through group training?
(Please be as specific as possible)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Please keep in mind that the busiest time to work out is between the hours of 4-7pm M-Th, making space to train challenging. If those are the only times the group can work out, then the trainer will do his/her best to make it work.**
If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You will have to obtain written medical clearance from your physician and may need to use a facility with a medically qualified staff.
If you marked two or more statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician and you might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.
Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change you physical activity plan. Texas Tech’s Department of Recreational Sports and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, please consult your doctor prior to physical activity.

“I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

Name__________________________________________________________

Signature________________________________________________________

Signature of Parent________________________________________________

(for participants under the age the majority)

Date _________

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the questions.
Exercise History and Attitude Questionnaire

Name: ____________________________________________   Date:  ______________

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.
   a) Characterize your present athletic ability.
      1  2  3  4  5
   b) When you exercise, how important is competition?
      1  2  3  4  5
   c) Characterize your present cardiovascular capacity.
      1  2  3  4  5
   d) Characterize your present muscular capacity.
      1  2  3  4  5
   e) Characterize your present flexibility capacity.
      1  2  3  4  5

2. Were you a high school and/or college athlete? □ YES □ NO
   a. If yes, please specify: ____________________________________________

3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation? □ YES □ NO
   a. If yes, please explain: ____________________________________________

4. Do you start exercise programs but then find yourself unable to stick with them?
   □ YES □ NO

5. How much are you willing to devote to an exercise program? _________minutes/day _______ days/week

6. What types of exercises interest you?
   a. □ Walking     □ Jogging       □ Yoga and Pilates
   b. □ Cycling    □ Dance exercise □ Strength training
   c. □ Stationary biking □ Rowing   □ Swimming
   d. □ Tennis/Racquetball □ Group exercise □ Stretching
7. Are you currently involved in regular endurance (cardiovascular) exercise?
   a. ☐ YES  ☐ NO
   If yes, what type of exercise(s) ____________________________
      ____________ minutes/day
      ____________ days/week

8. Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light  (2) Fairly light  (3) Somewhat hard  (4) Hard

9. How long have you been exercising regularly? _______ months _______ years

10. What other exercise, sport, or recreational activities have you participated in?
   a. In the past 6 months? ________________________________
   b. In the past 5 years? ________________________________

11. Can you exercise during your work day?
   ☐ Yes  ☐ No

Goal Setting

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will set the goals that are appropriate for you in order to assure that you get the most out of each session. When choosing goals they should be S.M.A.R.T.

Specific- If your goal is weight loss; try to make it more specific. Try stating the amount of weight, the time frame, and the method of measurement (scale or body fat %).

Measurable- To truly evaluate improvements, the goal should be measurable. The way you look is not tangible, reliable measurable.

Attainable- Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that is safe and realistic.

Relevant- Goals should be pertinent to your interest, needs, and abilities.

Time bound- Set a timeline reaching your goal. Again be realistic.

12. Please rate your exercise goals using the following scale:

   |                                           | Extremely Important | Somewhat Important | Not at all Important |
   |                                           | 1  2  3  4          | 5  6  7  8  9  10 |
   a. Improve cardiovascular fitness         |                  |                   |
   b. Body-fat weight loss                   |                  |                   |
   c. Reshape or tone my body               |                  |                   |
   d. Improve performance for a specific sport |               |                   |
   e. Improve moods and ability to cope with stress |       |                   |
   f. Improve flexibility                   |                  |                   |
   g. Increase strength                     |                  |                   |
   h. Increase energy level                 |                  |                   |
   i. Enjoyment                            |                  |                   |
   j. Other                                |                  |                   |

15. What specific goal are you looking to reach through group training? ____________________________________________