



## TRAINING PACKAGE PRICING

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For Office Use Only:**

**PAYMENT AMOUNT:** \_\_\_\_\_

Cash \_\_\_\_\_ Check: \_\_\_\_\_

Credit: ☐ MASTERCARD ☐ VISA ☐ AMEX ☐ DISCOVER

**Trainer Assigned:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**PLEASE CIRCLE THE PACKAGE YOU WOULD LIKE TO PURCHASE**

	Member	Student
<b>Personal One on One Training</b>		
1 Sessions	<b>\$35</b>	<b>\$25</b>
3 Sessions	<b>\$75</b>	<b>\$60</b>
5 Sessions	<b>\$100</b>	<b>\$80</b>
10 Sessions	<b>\$180</b>	<b>\$150</b>
<b>Buddy Training (Split the cost with a friend)</b>		
3 Sessions	<b>\$100</b>	<b>\$80</b>
5 Sessions	<b>\$160</b>	<b>\$120</b>
10 Sessions	<b>\$300</b>	<b>\$220</b>
<b>Group Training (3-6 clients; split the cost)</b>		
3 Sessions	<b>\$140</b>	<b>\$110</b>
5 Sessions	<b>\$180</b>	<b>\$150</b>
10 Sessions	<b>\$340</b>	<b>\$250</b>

Training Bundles - Save \$ & stay on track.		
	Member	Student
<b>Kick Start:</b> 1 Complete Microfit® & 3 Personal Training Sessions	\$90	\$70
<b>Grand Package:</b> 2 Complete Microfit® (pre & post) & 10 Personal Training Sessions	\$200	\$175

**Fitness Assessments -Microfit®** computerized fitness tests will determine your current fitness level to help you develop goals & measure progress.

	Member	Student
<b>Complete Microfit® Test:</b> 1-hr appointment to measure body composition, cardiovascular fitness, muscular strength & endurance, & flexibility. Your trainer leads you through the assessment with our new software, explains your results, & provides you with goals and a copy for your records.	\$35	\$25
<b>Single Microfit® Test:</b> Interested in just 1 aspect of your fitness? Choose between body composition (includes % body fat, circumferences, & weight), cardiovascular fitness (bike), muscular strength & endurance, flexibility, & wellness profile.	\$10	\$5

### Group Options

<b>Custom Classes:</b> <i>Schedule a private class of your choice for your student organization, team, or office.</i> Options include Yoga, Indoor Cycling, Strength, TRX® & more! Price listed is for the entire group.	\$20/session or \$75/5 Sessions
<b>Progression Sessions:</b> Sign up for a class that meets 1-2 times per week. These roster-based classes will have the same participants each week so that the instructor can increasingly challenge you each week. Examples may include Strength Training 101, Yoga 101, HIIT, & more. We will offer new options every 6 weeks. Prices vary and are listed per person. Dates, times, and prices of Progression Sessions will be posted as they become available.	TBA

Questions? Contact Courtney Mackey at [cmackey@providence.edu](mailto:cmackey@providence.edu) or 401.865.2350



## PERSONAL TRAINING POLICIES

The Providence College **Personal Training Program** is available to all students and CFC members. Our **nationally certified** personal trainers can provide you with the education and instruction you will need to reach your **health and fitness goals**. You can meet with a certified personal trainer, **one-on-one** or with a **buddy**. Your Personal Trainer will design and guide you through a **personalized** fitness regimen. Sessions are one hour in length.

### SCHEDULING:

To schedule your initial session:

1. Complete Interest Form, Health History Questionnaire, and Policies forms and either return or fax them to the Fitness Department at (401) 865-2426.
2. Register and pay for package at the Concannon/Peterson Office Monday through Friday 8:30am – 4:30pm.
3. Schedule your training sessions by calling (401) 865-2350

**\*All scheduling, rescheduling or cancellation of Personal Training Services should be done through the Fitness Director, Courtney Mackey @ (401) 865-2350.**

### CANCELLATION/RESCHEDULING POLICY

If you need to cancel or reschedule a session, please call Courtney Mackey at (401) 865-2350. If she is not in, be sure to leave her a message. She will check the availability of your trainer and get back to you with confirmation of the rescheduled date and time. If it is a last minute emergency and you have your instructor's telephone number, please call the emergency in to the instructor directly.

24 hours' notice is required for a cancellation or rescheduling in order to receive credit for the session. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.

***\*If you cancel more than three times without 24 hours' notice we reserve the right to terminate the remainder of your personal training sessions.***

### TARDINESS POLICY:

Clients are expected to begin working out at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment.

I verify that I understand and will abide by these policies

Client Signature \_\_\_\_\_ Date \_\_\_\_\_



Name (Please Print) \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender M F

Emergency Contact (Please Print): \_\_\_\_\_ Phone # \_\_\_\_\_

### **BOX 1**

#### **Do you have a history of the following?**

YES / NO Heart attack

YES / NO Heart surgery

YES / NO Cardiac catheterization

YES / NO Coronary angioplasty (PTCA)

YES / NO Pacemaker / implantable cardiac defibrillator / rhythm disturbance

YES / NO Heart valve disease

YES / NO Heart failure

YES / NO Heart transplant

YES / NO Congenital heart disease

#### **Do you have any of the following symptoms?**

YES / NO You experience chest discomfort with exertion

YES / NO You experience unreasonable breathlessness

YES / NO You experience dizziness, fainting, blackouts

YES / NO You take heart medications

### **BOX 2**

#### **Please mark ALL true statements**

\_\_\_\_\_ You are a male older than 45 years

\_\_\_\_\_ You are a woman older than 45 years or you have had a hysterectomy or you are post- menopausal

\_\_\_\_\_ You smoke

\_\_\_\_\_ Your blood pressure is greater than 140 / 90

\_\_\_\_\_ You take blood pressure medication

\_\_\_\_\_ You have a close blood relative who had a heart attack before age 55 (father or brother)  
or age 65 (mother or sister)

\_\_\_\_\_ You are diabetic or take medication to control your blood pressure



- ☐ You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days/week)
- ☐ You are 20 pounds or more overweight
- ☐ You have been diagnosed with kidney disease
- ☐ You have been diagnosed with thyroid or other endocrinological disorder
- ☐ You have respiratory problems, such as asthma, chronic bronchitis, emphysema or COPD
- ☐ You have muscular problems
- ☐ You have arthritis or other orthopedic problems or have had a previous injury
- ☐ You are pregnant

### BOX 3

**Please mark ALL true statements**

- ☐ I do not know my blood pressure
- ☐ I do not know my cholesterol level

**List all medications you take on a regular basis:**

**Medication**

**Reason**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Comments/Health Issues?**

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I understand that I may be undergoing physical exertion while participating in services and activities at or associated with the Concannon/Peterson Fitness and Recreation Center and I certify that my level of physical fitness is sufficient for the activities in which I choose to take part. In acknowledging that I am aware of and willing to assume the risks associated with these activities and services, I hereby voluntarily agree to waive, hold harmless and indemnify Providence College and its agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in services and activities at or associated with Providence College and Recreation Center. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

**YES / NO I** have read and understood the questions asked. I verify that all the information noted above is accurate to the best of my knowledge.

Name of Participant (Print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## PERSONAL TRAINING INTEREST FORM

**Availability: (this is not final)**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>6:00</b>							
<b>7:00</b>							
<b>8:00</b>							
<b>9:00</b>							
<b>10:00</b>							
<b>11:00</b>							
<b>12:00</b>							
<b>1:00</b>							
<b>2:00</b>							
<b>3:00</b>							
<b>4:00</b>							
<b>5:00</b>							
<b>6:00</b>							
<b>7:00</b>							
<b>8:00</b>							
<b>9:00</b>							
<b>10:00</b>							
<b>11:00</b>							

**For administrative use only:**

Trainer assigned: \_\_\_\_\_

Date: \_\_\_\_\_