



Personal Training Registration

Due to privacy, do not transmit this form electronically.

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 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)
DAY PHONE	NIGHT PHONE	EMAIL ADDRESS	CLASSIFICATION <input type="checkbox"/> STUDENT <input type="checkbox"/> UREC MEMBER
			AGE

EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP

PACKAGE & PREFERENCES

<p>Select a package All packages include a fitness assessment</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><input type="checkbox"/> Fitness Assessment Only</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td><input type="checkbox"/> Two Sessions</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$95</td> </tr> <tr> <td><input type="checkbox"/> Four Sessions</td> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$150</td> </tr> <tr> <td><input type="checkbox"/> Six Sessions</td> <td style="text-align: center;">\$135</td> <td style="text-align: center;">\$205</td> </tr> <tr> <td><input type="checkbox"/> Ten Sessions</td> <td style="text-align: center;">\$210</td> <td style="text-align: center;">\$310</td> </tr> <tr> <td><input type="checkbox"/> Twenty Sessions</td> <td style="text-align: center;">\$400</td> <td style="text-align: center;">\$575</td> </tr> </tbody> </table>	Individual Training	Student	UREC Member	<input type="checkbox"/> Fitness Assessment Only	\$25	\$35	<input type="checkbox"/> Two Sessions	\$60	\$95	<input type="checkbox"/> Four Sessions	\$100	\$150	<input type="checkbox"/> Six Sessions	\$135	\$205	<input type="checkbox"/> Ten Sessions	\$210	\$310	<input type="checkbox"/> Twenty Sessions	\$400	\$575	<p>Availability</p> <p>Monday _____</p> <p>Tuesday _____</p> <p>Wednesday _____</p> <p>Thursday _____</p> <p>Friday _____</p> <p>Saturday _____</p> <p>Sunday _____</p>	<p>Trainer Preference</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>
Individual Training	Student	UREC Member																					
<input type="checkbox"/> Fitness Assessment Only	\$25	\$35																					
<input type="checkbox"/> Two Sessions	\$60	\$95																					
<input type="checkbox"/> Four Sessions	\$100	\$150																					
<input type="checkbox"/> Six Sessions	\$135	\$205																					
<input type="checkbox"/> Ten Sessions	\$210	\$310																					
<input type="checkbox"/> Twenty Sessions	\$400	\$575																					
<p>Fitness Goal: _____</p>		<p>Desired Completion Date _____</p>																					

MEDICAL HISTORY

<p><i>Have you, or an immediate family member now or in the past experienced:**</i></p>				<p>** 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.</p>
YOU	FAMILY	YOU	FAMILY	
_____	_____ Chest pain	_____	_____ Asthma	<p>List any medications you are currently taking:</p> <p>If you have checked any boxes to the left, please explain:</p>
_____	_____ Heart attack	_____	_____ Bursitis	
_____	_____ Heart disease	_____	_____ Arthritis	
_____	_____ Pacemaker	_____	_____ Tendonitis	
_____	_____ High blood pressure (>140/190)	_____	_____ Muscle injury	
_____	_____ Diabetes mellitus	_____	_____ Joint injury	
_____	_____ Cancer	_____	_____ Smoking	
_____	_____ Currently pregnant/postpartum	_____	_____ Dizziness	
_____	_____ Depression	_____	_____ Osteoporosis	
_____	_____ Low back pain	_____	_____ High cholesterol (total>200)	
_____	_____ Nutrition relation disorder	_____		

FOR OFFICE USE

RECEIVED BY: _____

DATE: _____

TIME _____



**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.

Print Name of Participant

Signature of Participant

Date

Print Name of Parent/Legal Guardian (if under 18)

Signature of Parent/Legal Guardian (if under 18)