PAR-Q & YOU
(A questionnaire for People Aged 15-69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before you start.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

<table>
<thead>
<tr>
<th></th>
<th>YES □ NO □</th>
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<tbody>
<tr>
<td>1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
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<td>2. Do you feel pain in your chest when you do physical activity?</td>
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<td>3. In the past month, have you had chest pain when you were not doing physical activity?</td>
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<td>4. Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
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<td>5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</td>
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<tr>
<td>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
<td></td>
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<tr>
<td>7. Do you have a diabetes or thyroid condition?</td>
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<tr>
<td>8. Do you know of any other reason why you should not do physical activity?</td>
<td></td>
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</tbody>
</table>

If you answered “Yes” to one or more questions:
A medical clearance form is required of all participants who answer 'yes' to any of the eight PAR-Q questions.
Note: Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

- Discuss with your personal doctor any conditions that may affect your exercise program.
- All precautions must be documented on the medical clearance form by your personal doctor.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such a cold or a fever - wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer 'YES' to any of the above questions, tell your fitness or health professionals. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability to persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME ____________________________ DATE ____________________________

SIGNATURE _________________________ WITNESS _________________________

SIGNATURE OF PARENT ____________________________

or GUARDIAN (for participants under the age of majority)

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 seven questions.
**PERSONAL TRAINING REGISTRATION – FIRST-TIME CLIENT**

Priority given to current UW students and faculty & staff IMA members. Spouses and registered same sex domestic partners eligible on a space available basis.

Please write legibly.

Name ___________________________ Email ___________________________

Phone (h)____________________ (w)____________________

Please indicate the days and times you would most be available for your first appointment. Please allow approximately one week’s notice for appointments.

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>DATES AVAILABLE (if applicable)</th>
<th>TIMES AVAILABLE</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Sunday</td>
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Personal Trainer preference: __________________________

Welcome to Personal Training with the UW Department of Recreational Sports Programs. We have a knowledgeable, talented staff that will assess your fitness level and design an exercise program that will meet your personal needs and interests. To get the most from your session(s), please observe the Client Information Sheet included in this packet.

By signing below, you have read and agree to the terms and policies of the IMA Personal Training Program. These policies are located on the last page of this packet and may be taken home with you. In addition, I attest that I have answered the PAR-Q truthfully and to the best of my knowledge. I agree to supply the Medical Clearance Form to the Personal Training Program staff if I answered ‘Yes’ to any of the seven PAR-Q questions. I understand that all forms must be submitted and payment made before scheduling can occur, this includes the Medical Clearance Form, if applicable.

If you have diabetes or a thyroid problem, a Medical Clearance IS required and must be submitted prior to scheduling.

Signature ______________________________________ Date ________________

<table>
<thead>
<tr>
<th>Membership Type (circle):</th>
<th>Office Staff Initials: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Faculty</td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**
**Preparticipation Physical Evaluation**

Name: ____________________  Sex: _____  Age: _____  Date of Birth: __/__/____  Date of Evaluation: __/__/____

Explain "Yes" answers below. Circle questions you do not know the answer to.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have an ongoing or chronic illness?</td>
<td>□</td>
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<tr>
<td>2. Are you currently taking any prescriptions or nonprescription (over-the-counter) medications or pills or using an inhaler?</td>
<td>□</td>
</tr>
<tr>
<td>3. Have you had high blood pressure or high cholesterol?</td>
<td>□</td>
</tr>
<tr>
<td>4. Have you ever had a head injury, concussion, or seizure?</td>
<td>□</td>
</tr>
<tr>
<td>5. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?</td>
<td>□</td>
</tr>
</tbody>
</table>

If yes, check the appropriate box below.

- Head
- Neck
- Back
- Shoulder
- Upper arm
- Forearm
- Elbow
- Wrist
- Hand
- Finger
- Hip
- Thigh
- Knee
- Shin/ca
- Ankle
- Foot

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of client ____________________  Date ________________

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**OFFICE USE ONLY**

General Physiological Information:

- Height _____ ft. _____ in.  Weight ______
- Blood Pressure mm Hg  RHR ______
- Systolic/Diastolic
- Predicted Max HR ______  80%
- 70%
- 60%

Body Composition:

A. Skin Folds
   - Chest ______
   - Suprailiac ______
   - Abdominal ______
   - Tricep ______
   - Ant. Thigh ______

   **Total Skin Folds** ______

B. Body Fat
   - Percent Fat _____ %

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TRAINER NOTES:
Name ______________________________
Email ______________________________

Please answer all questions to the best of your knowledge. Circle your answer.

1. Which area of behavior would you most like to change to improve your health?
   a. Exercise
   b. Nutrition
   c. Weight Management
   d. Smoking
   e. Stress Management

2. Has anyone in your immediate family had heart problems, high cholesterol, or experienced sudden death at 55 years of age?
   a. Yes
   b. No

3. Do you have diabetes or a thyroid problem?
   a. Yes
   b. No

4. Have you ever lost 10% of your weight through dieting/exercise then gained it back?
   a. Yes
   b. No

5. How do you feel about your current weight?
   a. Would like to lose
   b. Would like to gain
   c. Satisfied with weight

6. Do you currently accumulate at least 30 minutes of moderate to high intensity activity on most days of the week?
   a. Yes
   b. No

7. On average, how many times a week do you perform aerobic exercise for at least 20 consecutive minutes?
   a. Never
   b. Less than one time
   c. One to two times a week
   d. Three or more times for a week
8. When you do aerobic exercise, approximately how long do you spend performing the activity?
   a. Less than 20 minutes
   b. 20-30 minutes
   c. 30-60 minutes
   d. More than 60 minutes

9. Do you participate in resistance training activities?
   a. Yes
   b. No

10. How often do you stretch your muscles in order to increase your flexibility
    a. Never
    b. Occasionally
    c. Often

11. What is the biggest barrier to increasing/maintaining your level of exercise?
    a. Not enough time
    b. Cost
    c. Lack of appropriate facility or equipment
    d. No one to exercise with
    e. Physical incapacity
    f. None
    g. Other ________________________________

12. Do you think your current level of stress is high enough to affect your health or quality of life?
    a. Yes
    b. No
    c. Not sure

11. Please rank your reasons for beginning an exercise program (1 = highest priority)

   Lose body fat ______
   Stress release ______
   Meet similar folk ______
   Family recreation ______
   Strengthen/Tone ______
   Self-esteem increase ______
   ______________________  ______

12. If you are presently exercising, briefly describe your program:
13. How much time can you comfortably allocate per workout session based on your lifestyle? Circle the answer that most closely applies:
   a. 45 minutes or less
   b. 45-60 minutes
   c. 60-90 minutes

14. What days of the week do you see yourself using the IMA (circle) S M T W R F S
   Time of day? ________

15. Briefly describe goal(s) you have set to attain from your exercise program:

16. What type of coaching/support would benefit you most (motivation)?

17. Are there any other factors affecting your current level of fitness?

Staff Notes:
PERSONAL TRAINING  

ASSUMPTION OF LIABILITY AND RISK AGREEMENT

I acknowledge that participating in personal training is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of participating in a personal training program include injuries due to equipment failure, bad decision-making, and my underlying physical and mental condition. I understand that unforeseeable accidents occur and I assume all risks associated with such accidents, even though I or the UW staff cannot foresee them.

I agree to pay attention to the condition of all equipment and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply.

I certify that I am physically capable of participating in personal training activities and have informed the staff of any medical or health conditions I have that may affect these activities. I agree to supply a doctor’s note (Medical Clearance Form) should I have experienced any of the following conditions: chest pain while exercising, chest pain while not exercising, loss of balance because of dizziness, loss of consciousness, bone or joint problem that could worsen as a result of physical activity, prescribed medication for blood pressure or heart condition, doctor’s indication of a heart condition, or any other reason why I should not partake in physical activity. In addition, I agree to inform the staff of any changes in my medical or health condition while a participant in this program.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the University of Washington does not provide any medical insurance coverage for me while participating in this facility or offsite.

I agree to assume all risk of personal injury, including paralysis, death, or other permanent disability, medical expenses, lost wages, loss of earning capacity, and property damages and loss incurred while participating at the Department of Recreational Sports Programs, Personal Training Services Program.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Signature: ___________________________ Date: ___________________________

(Parental Consent Form must also be signed by parent or legal guardian if participant is a minor under 18 years of age.)

Printed Name: ___________________________ Date of Birth: ____________

Local Address: ___________________________ Phone: __________________

City: ___________________________ State: _______ Zip Code: ________

UW Student ID or UW Faculty/Staff ID # __________________________

In case of emergency please contact:

Name: ___________________________ Relationship: ______________

Address: ___________________________ Phone: __________________

City: ___________________________ State: _______ Zip Code: ________
Dear Doctor:

_________________________ wishes to start a personalized training program at
name of applicant
University of Washington, Department of Recreational Sports Programs. The Personal Training package includes an exercise screening (body composition analysis, blood pressure and resting heart rate checks, and height and weight measurements), consultation, and on-the-floor training. The exercise program is designed to start easy and become progressively more difficult over a period of time. Both resistance and cardiovascular training exercises may be part of the client's program. All exercise screenings and exercise programs will be administered by personal trainers trained in conducting exercise screenings and developing exercise programs.

By completing the form below, however, you are not assuming any responsibility for our administration of the exercise screening and/or exercise programs. If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the University of Washington exercise screening procedures and/or exercise programs, please call the Fitness Coordinator at 206-616-2072. Please call our offices at 206-543-2571 if you plan on faxing the completed form to us (Fax: 206-685-4661).

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because __________________

____________________________________________________________________________________

____________________________________________________________________________________

_____ The applicant should not engage in following activities: ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

_____ I recommend the applicant NOT participate.

Physician's signature ___________________________ Date ______________________

Address ____________________________________________ Phone ________________
INFORMATION

Registration: All clients must be IMA members in order to use personal training services.

First-time clients are required to purchase the Fitness Introductory Package (described on back). Paperwork must be completed and turned in to the Programs Office in person (3rd floor IMA, Mon – Fri, 8:30 am – 5:00 pm). You may request a trainer or one will be assigned to you based on your needs and availability. Trainer schedules are posted on the Personal Training Program website and at the Programs Office; schedules and availability are subject to change.

After the paperwork has been processed, the personal trainer will contact you via email within three (3) business days of your registration to schedule your first appointment. If you do not receive an email from a trainer, please contact the Fitness Coordinator at 206-616-2072.

Please allow a minimum of one week advance notice for all first-time client appointments. At peak times (beginning of the academic quarter; January) longer wait times may apply.

Returning clients may purchase additional sessions via fax, mail or in person.

Note: Personal trainers DO NOT hold office hours. Personal trainers are hourly employees of the University.

POLICIES & PROCEDURE

PAR-Q & Medical Clearance: A medical clearance form is required of all participants who answer ‘yes’ to any of the PAR-Q questions and/or those who have a diabetes or thyroid condition. Note: Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

Session Duration: All personal training sessions are one hour. Trainings may also be 30 minutes in length and will count for half of a session (not applicable on a Fitness Introductory Package, 1 Session, or partner training).

Attire: Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, supportive sneakers). Participants arriving unprepared for their training session will lose the session.

Late Policy: Clients are responsible for arriving on time to their training sessions. Trainers are only obligated to wait 15 minutes (10 minutes for 30-minute sessions). After 15 minutes (10 minutes), the trainer is not required to lead the remaining time of the session and the client is charged for the session.

Cancellation Policy: Clients should email their trainer 24 hours in advance to cancel a scheduled session. Clients are charged for appointments cancelled with less than 24 hours notice.

Package Expiration/Refund Policy: Clients must complete all personal training sessions by the end of their eligibility to participate in the program (current IMA membership) or by the expiration date of the training package, whichever comes first. All personal training packages expire six (6) months from the date of purchase. All packages are non-refundable/non-transferable.
NEW CLIENTS

FITNESS INTRODUCTORY PACKAGE..........................................................$60.00*

All new clients to personal training will meet with a certified personal trainer in the Personal Training Office (#208) for our Fitness Introductory Package. This appointment is 1.5 hours.

The first 30-minutes consists of an exercise screening, which includes blood pressure reading, resting heart rate check and body composition. The client and trainer will consult about the results of the screening and any other areas of concern reported in the client’s health history and paperwork.

The last hour will include on-the-floor personal training. The client will be sent home with the results of their exercise screening and a workout routine developed by the trainer.

All forms (including the Medical Clearance form, if applicable) MUST be submitted in-person BEFORE scheduling can occur.

Note: Personal training staff may not conduct partner or 30-minute sessions. It is advised to check with the trainer before requesting such appointments.

PACKAGES: STUDENT RATE

Only one trainer may be used per package purchase. All training sessions must be purchased BEFORE scheduling with a trainer.

ONE PERSON

1 SESSION .........................................................$38.00*
4 SESSIONS.....................................................$140.00*
8 SESSIONS....................................................$265.00*
12 SESSIONS..................................................$360.00*

30-minute appointments can only be applied to 4, 8 or 12 sessions.

PARTNER TRAINING

To get the most out of your partner session it is recommended both clients have similar fitness goals and abilities.

4 SESSIONS.....................................................$210.00*
8 SESSIONS....................................................$360.00*
12 SESSIONS..................................................$480.00*

30-minute appointments are not applicable for Partner Training.

PACKAGES: FACULTY/STAFF/SPOUSE/DP RATE

Only one trainer may be used per package purchase. All training sessions must be purchased BEFORE scheduling with a trainer.

ONE PERSON

1 SESSION .........................................................$48.00*
4 SESSIONS.....................................................$180.00*
8 SESSIONS....................................................$345.00*
12 SESSIONS..................................................$480.00*

30-minute appointments can only be applied to 4, 8 or 12 sessions.

PARTNER TRAINING

To get the most out of your partner session it is recommended both clients have similar fitness goals and abilities.

4 SESSIONS.....................................................$250.00*
8 SESSIONS....................................................$440.00*
12 SESSIONS..................................................$600.00*

30-minute appointments are not applicable for Partner Training.

*Personal training purchases subject to Washington State sales tax.
PERSONAL TRAINING

PROGRAM SURVEY FORM

1. How did you find out about the IMA personal training program?

________________________________________________________________________

2. What are you hoping a personal trainer can assist you with?

_____ General fitness (strengthen, tone, lose body fat, recreation)

_____ Training for a specific sport/event ____________________________

_____ Rehabilitation from injury or surgery ____________________________

_____ Stress relief

_____ Other ____________________________

________________________________________________________________________

CUT ON DOTTED LINE ABOVE. RETAIN BOTTOM PORTION & BRING TO YOUR FIRST APPOINTMENT

UNIVERSITY OF WASHINGTON
DEPARTMENT OF RECREATIONAL SPORTS PROGRAMS

RETURN TO: IMA PROGRAMS OFFICE OR cwigton@u.washington.edu

PERSONAL TRAINING

CLIENT FEEDBACK

Please take a few moments to complete this evaluation. Circle the number along the continuum that best describes your response to each statement. 1= excellent  2=good  3= satisfactory  4=poor

Physical Therapist: ____________________ Personal Trainer: ____________________

1. Exercise screening with physical therapist: 1 2 3 4
2. Consultation session: 1 2 3 4
3. Personal training session: 1 2 3 4
4. Level of service provided: 1 2 3 4
5. Value of service provided: 1 2 3 4
6. Did you have a specific inquiry? ____________________

If so, how was it answered: 1 2 3 4

7. Expectation of service: ____________________

Were your expectations met: 1 2 3 4

8. Will you sign-up for further personal training? Yes Not sure No

9. Would you refer others to our personal training program? Yes Not sure No

Comments (on reverse):