



Johns Hopkins University
Ralph S. O'Connor Recreation Center

Personal Training Registration Form

Legal Name: (First) _____ (Last) _____

How do you prefer to be addressed: _____ Today's date: _____

Gender: _____ Preferred phone: _____

Birthdate: _____ Age: _____ Height: _____ Weight: _____

Email: _____ @ _____

Are you a Rec Center member? _____

Are you a Johns Hopkins student? _____ Position/Student Year: _____

Campus/School _____ Major/Department _____

Are you training individually (one-on-one) or will you be buddy training (with a partner?) If buddy training, please list the name of your partner _____. Both partners will need to complete paperwork.

How often would you like to train?

Please indicate your availability to meet with your trainer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early a.m.							
Late a.m.							
Afternoon							
Evening							

Do you already know of a specific personal trainer you'd like to work with?

Otherwise, please circle your preference in a personal trainer: MALE FEMALE No Preference

What are your specific fitness and health goals?

What types of activities and exercises would you like to carry out during your sessions with your personal trainer?

How physically active would you categorize yourself as currently?

1 2 3 4 5 6 7 8 9 10
Inactive *Extremely active*

What do you expect from your personal trainer, and what help would you like towards your goals?

To what degree would you like to be challenged or "pushed"?

1 2 3 4 5 6 7 8 9 10
Please be really nice to me! *Push me hard!*



Personal Training Policies & Procedures

Thank you for your interest in the O'Connor Recreation Center's Personal Training Program! Our certified trainers are enthusiastic about fitness, knowledgeable about proper exercise techniques, and offer the very best instruction for the most affordable rate in Baltimore!

For your first session with a trainer, make sure you are well rested and adequately hydrated. Please adhere to our dress code and wear clean, movement-oriented clothing and footwear. No jeans, sandals, or boots please! You may want to bring a water bottle along too and be sure to secure your valuables.

Please read each bullet point and initial your understanding of our policies and procedures.

Initials

Payment for Training Sessions

Clients agree to pay in advance for all personal training services. Training sessions will not be conducted unless full payment has been received in advance.

STUDENT RATES:

Private (1 person) 60-minute session **\$20**
Semi-private* (2 people) 60-minute session **\$30**

NON-STUDENT RATES:

Private (1 person) 60-minute session **\$30**
Semi-private* (2 people) 60-minute session **\$40**

Length of Session

Training sessions will not be prorated. If clients choose to train for a period of time shorter than the standard 60-minute session, they will still be charged for the full session. Additionally, the length of the session will not be extended for tardy clients.

No Shows & Session Cancellations

Each appointment is a valuable measure of time for both the client and trainer whereas the client has paid for an hour of the trainer's time. If the trainer has not been notified that a client is "on the way" he/she will wait for a maximum of 10-minutes before making other plans for his/her time and the session will be treated as a no-show. No-shows will be redeemed by the trainer as if the session took place UNLESS the client provides the trainer with a minimum of 4 hours notice. If the trainer is a no show, the trainer will provide the next session *free of cost*.

Expiration Date

All training sessions must be completed within the calendar year (sessions expire December 31st).



Health History Information

Are you seeing a physician for any reason? No Yes **If so, please tell us why.**

Are you taking any prescription medications? No Yes **If so, please tell us what your medications are for.**

Have you ever been treated for any of the following:

- Cardiovascular disease (heart attack, high blood pressure, heart palpitations, or other heart problem)
- Respiratory disorders (asthma, COPD, emphysema, chronic shortness of breath)
- Diabetes or metabolic syndrome
- Cardiovascular disease
- Disordered eating
- Muscle, joint, or previous injury/condition
- Recent surgery: _____
- Other _____

Is there anything else you would like your personal trainer to know about your body?

I have read, understood, and completed the entire questionnaire. Any questions that I had were answered to my full satisfaction. If my health changes in the future such that I answer “yes” to any of the above conditions, I will notify my trainer.

Name (printed): _____

Signature: _____ **Date:** _____

The Johns Hopkins University O'Connor Recreation Center Personal Training Acknowledgement of Risk Agreement

***This document contains important terms and conditions which affect your legal rights.
PLEASE READ IT BEFORE SIGNING***

ACKNOWLEDGEMENT OF RISK

In consideration of being allowed to participate in any way in the Johns Hopkins University Recreation Personal Training program, related events and activities, the undersigned participant acknowledges and willingly agrees that:

- 1. I understand my participation in the O'Connor Recreation Center Personal Training Program is entirely voluntary and not a required activity. I will comply with the stated and customary terms and conditions for participation in any activity at the O'Connor Recreation Center.** If however, I observe any hazard that could harm me or another person during my presence and participation, I will remove myself from participation and inform others as well the trainer or the Assistant Director for Fitness immediately; and,
- 2. I acknowledge, and fully understand that I will be engaging in activities that involve physical risk of serious injury, including severe social and economic losses, permanent disability and death, which may result not only from my own actions, in-actions, or negligence, but the actions, in-actions, or negligence of others, the rules of play, the condition of the premises or any equipment used.** Further, I accept personal responsibility for the medical expense and other damages following such injury, permanent disability or death; and
- 3. I knowingly and freely assume all such risks, both known and unknown,** even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation; and,
- 4. I, for myself and on behalf of heirs, assigns, personal representatives and next of kin, hereby release, hold harmless The Johns Hopkins University and O'Connor Recreation Center,** its trustees, officers, employees, staff and camp counselors, employees, servants and agents, and if applicable the owners and lessors of the premises, all of which are to be referred to as "Releases", **with respect to all and any injury, disability, death, loss or damage to person or property, which might arise out of my participation in the Personal Training Program or related event,** to the fullest extent permitted by law.

INFORMED CONSENT TO MEDICAL TREATMENT

I hereby grant permission to The Johns Hopkins University officers, administrators, employees, instructors, Assistant Director for Fitness, counselors, trainers, and first responders to provide to me any medical or surgical care or treatment that they deem reasonably necessary to my health and well being.

I also hereby authorize the employees and staff of The Johns Hopkins University to perform any preventative first aid, rehabilitative or emergency treatment that they deem reasonable and necessary to my health. This includes treatment if I am injured or become ill while observing, exercising, or participating in activities offered by the Recreation Center.

Also, when it is deemed reasonably necessary by a treating medical professional, I grant permission for hospitalization at an accredited hospital or other medical care facility.

This Agreement shall be governed by the laws of the State of Maryland without giving effect to any choice or conflict of law principles of any jurisdiction. This Agreement shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in this Agreement.

My signature below acknowledges that I have read, understand, and agree to the terms as stated above.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, and understand that I have given up substantial rights by signing it freely and voluntarily without any inducement. I also have read and understand this Consent to Medical Treatment and release personal medical information related to my participation at the Johns Hopkins University O'Connor Recreation Center.

PARTICIPANT'S SIGNATURE

PRINTED NAME

DATE

Signature (parent/guardian, if applicant is under legal age)

PRINTED NAME

DATE