



WELCOME New Client!

Thank you for making Logan Fitness your choice for personal training. You can be sure that proper form will be demonstrated and analyzed during every scheduled workout session. Our trainers will provide structured programming, knowledgeable instruction, and positive encouragement in order to assist you in reaching your fitness goals. Our goal is to provide our clients with exceptional service, safe and effective fitness programming and training, and continuous support. Our personal trainers will work with you to create specific goals and design a fitness workout that will both challenge and improve your fitness level.

In this packet, you will find our options on how to get started and will also be asked to provide information that will help us best assist you. Please complete the entire packet and return it to the front desk located inside Logan Fitness. After completing and submitting these forms, a staff member will contact you within 4 days to confirm your registration and begin the process of matching you with your trainer. During this initial conversation, we may also discuss with you the need for medical clearance prior to training, if necessary. We wish you the best as you begin your personal training!

Traditional Personal Training

Prices and Options (PLEASE CIRCLE YOUR SELECTED OPTION):

- **Fitness Assessment- \$35**
Body Mass Index (BMI), body fat percentage, cardiorespiratory test (VO2), muscle endurance test, and a flexibility test
- **8-Week Program- \$35**
8-week written program only.
(No scheduled meetings with the trainer)

Member – Individual Personal Training

	1 Session	Pack of 5	Pack of 10	Pack of 20
30 Minutes	\$30	\$26 each	\$24 each	\$22 each
60 Minutes	\$50	\$46 each	\$44 each	\$42 each

Non-member — Individual Personal Training

	1 Session	Pack of 5	Pack of 10	Pack of 20
30 Minutes	\$40	\$36 each	\$34 each	\$32 each
60 Minutes	\$60	\$55 each	\$52 each	\$49 each

Duo Personal Training - Prices per person. Sessions = 1 hour each

	Pack of 5	Pack of 10
Member	\$35 each	\$30 each
Non-Member	\$50 each	\$45 each

Member vs. non-member pricing:

If you have an active membership at time of purchase, you will receive member pricing for personal training purchases. If you do not have an active membership at time of purchase, you will receive non-member pricing for personal training purchases.

Body Scans

Logan Fitness houses a Fit3D body scanner which provides 3D body images, body fat percentage, body shape rating, and precise body part measurements. Tracked over time, this data can be extremely useful in tracking progress and reaching fitness goals. Personal training clients can use the body scanner for free at the digression of their trainer. Body scans can also be purchased as stand-alone scans at the check-in desk without participating in our personal training program.

Stand-Alone Body Scan Pricing

(can be purchased without submitting a personal training packet)

	1 Scan
Member	\$15
Non-member	\$25

Personal Training Request Form

Please print your information:

Name _____ Date _____

Address _____ City _____ State _____

Phone (cell/home) _____ DOB _____ Age _____

Email address _____

Membership Status ☐ Student ☐ Faculty/Staff ☐ Community Member ☐ Non-Member

1. How many days per week would you like to be trained?

☐ 1 ☐ 2 ☐ 3 ☐ Other If other, please state _____

2. Please state your availability. Please include times/AM/PM

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

3. What kind of training did you want? ☐ Traditional ☐ 1-on-1 Aquatic Fitness

4. Trainer Preference: ☐ Female trainer ☐ Male trainer ☐ No Preference

5. Specific Trainer Requested (please list name): _____

(Please note that we will attempt to match you with your requested trainer, however we cannot guarantee due to schedules and demands)

6. Preferred method of contact from trainer: ☐ Phone call ☐ Text message ☐ E-mail

7. What qualities and skills would you like your Personal Trainer to have? Is there any additional information you would like to share that would assist us in matching you with your ideal trainer?

8. What type of personal training would you be interested in pursuing here? Check all that apply:

☐ Cardiorespiratory fitness training

☐ Flexibility training

☐ Muscular strength/endurance training

☐ Combination of several types: _____

☐ Other, please list: _____

9. What are your fitness/health goals? Please list all:

☐ I understand...

- To begin this process, please purchase your PT package at the Logan Fitness check-in desk or membership services office.
- Please give this Request Form and the Questionnaire to a Logan Fitness staff member when completed.
- A Personal Trainer will be assigned to you based on your request form information and the availability of the trainer. You will be contacted within 4 days to establish your first appointment and consultation.
- Please note: the first session of a personal training package will include time for consultation.
- Policies:

Length of Sessions: In order to answer questions and confirm next appointment, 1-hour sessions will include 55 minutes of exercise programming and ½ hour sessions will include 25 minutes of exercise programming.

Personal Training Cancellation Policy: to cancel an appointment, contact the Personal Trainer directly, at least 4 hours in advance. Failure to do so will result in forfeiting the session.

Duo Training Cancellation Policy: In the event that one partner(s) is not able to make a scheduled appointment, there are two options available: (1) reschedule the entire group for an alternate day/time OR (2) keep the regularly scheduled appointment and all partner(s) will be billed for the appointment regardless of attendance.

Late Policy: Personal Trainers will still honor the appointment in the event a client is late; however, sessions that begin late will end at the originally scheduled time.

Expiration Policy: All personal training sessions/package expire one year from date of purchase.

Refund Policy: All sessions/packages are non-refundable. If dissatisfied with a trainer or trainer's service, a client may request a replacement personal trainer.

Signed: _____ Date: _____

ACSM Health Status and Health History Questionnaire

This form includes several questions regarding your physical health. Please answer every question as accurately as possible. Please ask us if you have any questions. Your response will be treated in a confidential manner.

Personal Information

Name _____ Birthdate: ____/____/____ Age _____
Sex: ☐ Female ☐ Male Height _____ Weight _____

ACSM Health Screening Questionnaire

Please check yes or no if YOU have any of the following	Yes	No
Has your father or other first-degree male relative had a heart attack, stents/angioplasty/open heart surgery or cardiac arrest (sudden death) before 55 years of age?		
Has your mother or other first-degree female relative had a heart attack, stents/angioplasty/open heart surgery before 65 years of age?		
Are you a current cigarette smoker or quit within the previous 6 months or have exposure to environmental tobacco smoke (secondhand smoke)?		
Are you participating in at least 30 minutes of moderate intensity physical activity on at least 3 days per week for at least 3 months?		
Do you have a waist girth >40 inches for men and/or > 35 inches for women?		
Do you have a BMI (Body Mass Index) ≥ 30 Kg/m ² ?		
Do you have systolic blood pressure of ≥ 140 mmHg and/or diastolic blood pressure of ≥ 90 mmHg, confirmed by measurements on at least 2 separate occasions?		
Are you currently taking anti-hypertensive/ high blood pressure medications?		
Do you have high LDL cholesterol (bad cholesterol) of ≥ 130 mg/dL?		
Do you have low HDL cholesterol (good cholesterol) of <40 mg/dL?		
Do you have total cholesterol levels >200 mg/dL?		
Do you take lipid/cholesterol lowering medication?		
Do you have fasting plasma glucose ≥ 100 mg/dL but less than <126 mg/dL?		
Do you have impaired glucose tolerance (IGT) where a 2-hour oral glucose tolerance test (OGTT) is ≥ 140 mg/dL but lower than <200 mg/dL confirmed by measurements on at least 2 separate occasions?		
Do you have pain or discomfort in your chest due to blood flow deficiency?		
Do you have shortness of breath during light exercise/physical activity?		
Do you have shortness of breath during rest?		
Do you have difficulty breathing while standing or sudden breathing problems at night?		
Have you experienced rapid throbbing or fluttering of your heart?		
Do you have ankle swelling (edema)?		
Do you have severe pain in your leg muscles during walking?		
Do you have a known heart murmur?		
Do you experience frequent dizziness, fainting or blackouts?		
Do you have persistent fatigue or unusual fatigue?		

Medical History

Please check all conditions or diagnoses that apply. Leave others blank.

- | | | |
|---|---|--|
| <input type="checkbox"/> Abnormal EKG? | <input type="checkbox"/> High Cholesterol/Lipids? | <input type="checkbox"/> Back problems? |
| <input type="checkbox"/> Heart Attack? | <input type="checkbox"/> Diabetes? | <input type="checkbox"/> Foot/ankle problems? |
| <input type="checkbox"/> Stent, Angioplasty, open <input type="checkbox"/> heart surgery? | <input type="checkbox"/> Abnormal blood sugar levels? | <input type="checkbox"/> Knee problems? |
| <input type="checkbox"/> Heart murmur? | <input type="checkbox"/> Pre-diabetes? | <input type="checkbox"/> Hip problems? |
| <input type="checkbox"/> Diseases of the arteries? | <input type="checkbox"/> Thyroid problems? | <input type="checkbox"/> Shoulder problems? |
| <input type="checkbox"/> Stroke? | <input type="checkbox"/> Foot problems? | <input type="checkbox"/> Elbow/wrist problems? |
| <input type="checkbox"/> Heart Disease? | <input type="checkbox"/> Leg circulation problems? | <input type="checkbox"/> Currently in Physical Therapy? |
| <input type="checkbox"/> High Blood Pressure? | <input type="checkbox"/> Neuropathy? | <input type="checkbox"/> Stomach or intestinal problems? |
| <input type="checkbox"/> Low Blood Pressure? | <input type="checkbox"/> Arthritis? | <input type="checkbox"/> Vision or hearing problems? |
| | <input type="checkbox"/> Osteoporosis? | <input type="checkbox"/> Hernia? |

Medications

Do you take medicine for the following health conditions?

- | | | |
|----------------------|------------------------------|-----------------------------|
| Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lung Disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list the specific medications that you currently take: _____

Lifestyle Questionnaire

1. Are you a cigarette smoker? Yes No If yes, how many per day? _____
2. Do you drink any alcoholic beverages? Yes No If yes, how many in 1 week? _____
3. Please rate your daily stress level (select one)
 - ☐ Low
 - ☐ Moderate
 - ☐ High, but I enjoy the challenge
 - ☐ High, sometimes difficult to handle
 - ☐ High, often difficult to handle
2. Which do you consider yourself?
 - ☐ Sedentary (little, if any, vigorous physical activity)
 - ☐ Lightly active (sporadic workouts, lawn work, other kinds of activity, little aerobic)
 - ☐ Moderately active (workout 1-2 days per week for at least 15-30 minutes per day)
 - ☐ Highly active (workout 3 or more days per week, at least 30-45 minutes of aerobic work)

5. How physically fit are you?

- ☐ Not ☐ Less than average ☐ Average
☐ Above average ☐ Outstanding ☐ Don't know

6. At your job, do you sit more than you are on the move?

- ☐ Yes ☐ No

7. How many minutes per week do you spend in exercise?

- ☐ Zero ☐ 1-15 ☐ 16-30 ☐ 31-60
☐ 61-90 ☐ 91-120 ☐ 121-180 ☐ 181 and above

8. Please state your exercise history: _____

9. Are you involved in an aerobic (cardiovascular) program?

- ☐ Yes ☐ No

Health and Fitness Goals

1. Please indicate your personal health and fitness-related goals (select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Improve Cardiorespiratory Fitness | <input type="checkbox"/> Look Better | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Improve Muscular Strength | <input type="checkbox"/> Lose Weight/Reduce Body Fat | <input type="checkbox"/> Reduce Back Pain |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Lower Blood Pressure/
Cholesterol | <input type="checkbox"/> Sport/Activity Specific Training |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Improve Muscular Size | <input type="checkbox"/> Improve Energy Level |
| <input type="checkbox"/> Injury Post- Rehab | <input type="checkbox"/> Feel Better | <input type="checkbox"/> Improve balance/stability |

2. What is your motivation level? ☐ High ☐ Medium ☐ Low

3. What is your confidence level? ☐ High ☐ Medium ☐ Low

4. Which cardiorespiratory exercise machines/activities would you like to use in your program?

- ☐ Treadmill ☐ Elliptical Trainer
☐ Stationary Bicycles ☐ Stair climber
☐ Track/indoor/outdoor walking ☐ Rower
☐ Other: _____
☐ I have never used cardio equipment and would prefer assistance.
☐ Not interested in cardiorespiratory fitness training.

5. Which type of muscular strength and endurance training equipment would you like to use in your program?

- ☐ Selectorized weight stack machines
☐ Free weights: dumbbells and barbells
☐ Body weight
☐ Stability balls and BOSU trainer
☐ Bands and tubes
☐ Kettlebells
☐ Other: _____

6. Which type of flexibility training equipment or exercises would you like to use in your program?

- ☐ Basic seated/standing/lying exercises
- ☐ Chair stretches
- ☐ Stability ball or BOSU exercises
- ☐ Foam Rollers
- ☐ Flexibility Machine
- ☐ Yoga
- ☐ I have never used/performed flexibility exercises and would prefer assistance.
- ☐ Not interested in flexibility exercises.

Aquatic Personal Training Questions

If you selected aquatic personal training please answer these additional questions. If you did not select aquatic personal training, please proceed to the Commitment area below.

1. How comfortable are you standing or walking in a swimming pool?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

2. Have you ever participated in any aqua fitness class or water (physical) therapy?

- ☐ Yes
- ☐ No

3. If yes, what activity and when? _____

4. Have you ever had a known reaction to any pool chemicals?

- ☐ Yes
- ☐ No

5. If yes, what was your reaction, and do you know the cause? _____

For this appointment you will need to bring or wear a bathing suit, a towel, and water shoes, if you have them. It is also suggested you bring a bottle of water to keep hydrated. If you are diabetic bring a snack and if you have respiratory issues bring your inhaler.

Commitment

Please use the space below to record three specific commitments that you are willing to make to your own health and fitness goals. For example, you might commit to “arrive ready for exercise on Mondays, Wednesdays and Fridays by 6:30 pm.” Your commitments should be challenging, but also realistic and attainable. When finished, please sign this form to signify your personal commitment.

Commitment #1 _____

Commitment #2 _____

Commitment #3 _____

***See back page for facility waiver.
Signed waiver required to proceed with personal training.***

Logan Fitness
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I, the enrolled participant and/or parent/guardian of the participant understand that there are risks inherent to swimming or exercising at a fitness facility.

Waiver: In consideration of being permitted to enroll in a Logan Fitness membership/course/service, I, for myself, my ward or dependent child, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue, either personally or on behalf of my ward or dependent child, the Board of Trustees of John A. Logan College, its officers, employees, instructors and agents from liability from any and all claims including the negligence of The Board of Trustees of John A. Logan College, its officers, employees, instructors, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, any use of the Logan Fitness facility.

Assumption of Risks: Participating in a Logan Fitness membership/course/service carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. In consideration of being allowed to participate, I hereby personally assume all risks of a Logan Fitness membership/course/service, whether foreseen or unforeseen, that may befall me while I am a participant. I understand that swimming and exercising are physically strenuous activities and that I will be exerting myself during this time, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of the said injuries and that I will not hold the Board of Trustees of John A. Logan College, its officers, instructors, employees, and agents responsible for the same. I understand that the fitness center may not have a supervisor or employee present at all times and that I therefore am exercising at my own risk. I understand and appreciate these risks; and hereby assert that my participation is voluntary and that I knowingly assume all such risks. I agree to follow all facility policies/regulations and understand that any breach of these policies/regulations may endanger my safety or result in revocation of membership or a ban from the facility.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless John A. Logan College, its Board of Trustees, officers, employees, instructors, and agents from any claims, actions or suits, by me, my family, estate, heirs or assigns, arising out of my participation in the aquatic or fitness centers, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement and Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue either personally or on behalf of my ward or dependent child. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further understand that the terms herein are contractual in nature and not merely recital.

Photo release: I hereby grant and authorize Logan Fitness the right to take, edit, publish, distribute, and make use of any and all pictures or video taken of me, my wards, dependent children, personal assigns, or guests, to be used for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, social media posts, and other print or digital communications, without payment or considerations.

Addendum for Minors

I understand that I am responsible for any minors under the age of 18 who enter the facility as my guest. I agree that all of the above conditions on this waiver shall also apply in full to each of my guests. I hereby release John A. Logan College from responsibility for any damages or injuries incurred during or arising out of participation at Logan for myself or my guests, including any minors.

Signature of Participant (or guardian of minor)

Date