



Welcome, New Client!

Thank you for choosing Logan Fitness for your athletic performance training. Whether you're preparing for a sport, working to improve strength and speed, or simply looking to elevate your performance, we're excited to be part of your journey. Our athletic-based personal training program focuses on proper form, individualized programming, and high-level coaching. Each session is designed to help you build strength, speed, power, endurance, and sport-specific skills, all while reducing injury risk and supporting long-term athletic development. Our coaches will guide you with clear instruction, demonstrate correct technique, and provide consistent support to help you reach your goals.

At Logan Fitness, our mission is to deliver effective, safe, and sport-driven training in a motivating and professional environment. Whether you're a youth athlete, high school competitor, or seasoned player, we're committed to helping athletes of all levels train with purpose, sharpen their skills, and perform with confidence. In this packet, you'll find information to help us get to know you better. Please complete and return all forms to the front desk inside Logan Fitness. A staff member will contact you within 4 business days to confirm your registration and connect you with your coach. If needed, we may also discuss medical clearance prior to beginning your training. We look forward to helping you take your performance to the next level — welcome to the team!

## Athletic Performance Training

Prices and Options (Please select an option):

**Private Training (1-on-1)**

	1 Session	Pack of 5	Pack of 10	Pack of 20
30 Minutes	\$30	\$130 (\$26 each)	\$240 (\$24 each)	\$440 (\$22 each)
60 Minutes	\$50	\$230 (\$46 each)	\$440 (\$44 each)	\$840 (\$42 each)

**Duo Training (Prices are per person)**

	Pack of 5	Pack of 10	Pack of 20
60 Minutes	\$175 (\$35 each)	\$300 \$30 each)	\$400 \$20 each)

## Athletic Development Training Request Form

Please print your information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Sex: ☐ Female ☐ Male Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone (cell/home) \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email address \_\_\_\_\_

Sport(s) played \_\_\_\_\_ Current school/ team \_\_\_\_\_

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

4. 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)*

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

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

7. What type of athletic training would you be interested in pursuing here? **Check all that apply:**

☐ Strength & Power (weight training, explosiveness)

☐ Speed & Agility (quickness, sprint work)

☐ Endurance/ Conditioning (game stamina fitness)

☐ Flexibility & Mobility (injury prevention, recovery)

☐ Sport-Specific Skills (list sports): \_\_\_\_\_

☐ Other: \_\_\_\_\_

8. What are your athletic goals? (Examples: get faster, jump higher, improve conditioning, build strength, stay injury-free, etc.) **Please list all that apply:**

☐ I understand...

- To begin this process, please purchase your APT 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.
- An Athletic 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 an athletic 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.

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

**Semi - Private 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 athletic 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 athletic trainer.

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

## Athlete Health & Training 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.

### Athlete Health Screening Questionnaire

Please check yes or no if YOU have any of the following	Yes	No
Have you ever been told by a doctor not to participate in sports or physical activity for medical reasons?		
Do you currently have any pain, soreness, or injuries that affect your ability to train or play your sport?		
Have you ever experienced chest pain, dizziness, fainting, or trouble breathing during exercise or competition?		
Do you currently participate in strength training, conditioning, or speed/agility training outside of your sport practices?		
Do you currently wear or have you ever been prescribed braces, orthotics, or supports for sports?		
Do you have a history of overuse injuries (such as shin splints, tendonitis, or stress fractures)?		
Has a doctor, athletic trainer, or coach ever restricted your participation in a sport for safety reasons?		
Do you have vision or hearing problems that could affect your performance or safety in sports?		
Do you have persistent fatigue or unusual fatigue?		
Have you previously participated in a structured strength or conditioning program?		
Are you familiar with common resistance training equipment (free weights, machines, etc.)?		
Do you feel confident performing basic athletic movements (running, jumping, cutting, etc.)?		

### Athletic Medical & Injury History

1. Please list any medical history or issues that we should be aware of:

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2. Do you take any medications?      Yes      No

If yes, please list: \_\_\_\_\_

3. Please list any injuries you have experienced throughout your athletic career (past or present). Include any injuries that may still affect your performance or training:

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4. Are you currently experiencing pain or limitations from any of these injuries?      Yes      No

If yes, please explain:

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## Lifestyle & Training Questionnaire

1. On average, how many days per week are you training, practicing, or competing (including games, practices, conditioning, strength work?)

- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ Every day

2. How would you describe your daily energy level?

- ☐ Low – often tired/sore
- ☐ Moderate – usually haven energy but sometimes feel worn down
- ☐ High – usually feel good and ready to train/play

3. How many hours of sleep do you typically get?

- ☐ Less than 6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ 9+ hours

4. How would you describe your nutritional habits?

- ☐ Poor – often skip meals, eat a lot of junk food
- ☐ Fair – try to eat well but not consistent
- ☐ Good – eat 3+ meals daily, including fruits/vegetables/protein
- ☐ Excellent – very consistent, fuel properly before/after training

5. Do you feel stressed from balancing school, sports, and other activities?

- ☐ Rarely
- ☐ Sometimes
- ☐ Often

6. How would you rate your athletic ability compared to others on your team?

- ☐ Below average
- ☐ Average
- ☐ Above average
- ☐ One of the best on my team

7. Please state your previous training history (if any): \_\_\_\_\_

\_\_\_\_\_

## Health and Athletic Goals

1. What motivated you to start athletic performance training?

\_\_\_\_\_

\_\_\_\_\_

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

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

4. What does success look like to you throughout this training program?

\_\_\_\_\_

\_\_\_\_\_

## 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.

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.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_