## Personal Training Registration Form



☐ Yes ☐ No

## **General Information**

Name:	nme: Name on DFC Membership (if different from yours):	
Email:	Best Phone Number:	
<b>Fitness Goals</b>		
	s goals you would like to achieve through personal training (i.e. increase streng lar fitness, weight loss, decrease stress, improve sports performance, increase f	
Dl	4 D 1 O O O	
	ty Readiness Questionnaire [PAR-Q]  ollowing questions as honestly as possible.	
	aid that you have a heart condition and recommended only medically supervised	☐ Yes ☐ No
A	ur chest as a result of physical activity?	☐ Yes ☐ No
In the past month, have	e you had chest pain when you were not doing physical activity?	☐ Yes ☐ No
Do you lose your balance because of dizziness or do you ever lose consciousness?		☐ Yes ☐ No
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		☐ Yes ☐ No
Is your doctor currently prescribing drugs for your blood pressure or heart conditions?		☐ Yes ☐ No
Do you have any conditions or limitations that would hinder your ability to participate in physical activity?		☐ Yes ☐ No
If yes, please explain:		

If you answered YES to one or more of the above questions, talk with your physician by phone or in person before becoming more physically active or before beginning your personal training session. Tell your doctor about the PAR-Q and which questions you answered YES.

## **Personal Training Rates**:

• Private (1 person) - \$40 per one hour session

Are you a female  $\geq 55$  years old or a male  $\geq 45$  years old?

• Semi-Private (2 people) - \$60 per one hour session

## **Personal Training Guidelines**:

- All sessions must be purchased in advance.
- Sessions are 60 minutes in length and you'll be contacted to set a schedule once the registration is received.
- Please give notice of cancellation more than 24 hours in advance of a session. You will be charged for sessions cancelled inside 24 hours.
- DFC accepts payment in the form of cash, check, or billed to your account. Make checks payable to the Duke Faculty Club.
- For questions and information, please contact:
  - o Tim Bisantz
    - **919-684-6672**
    - Tim.bisantz@duke.edu