



MANHATTAN COLLEGE

## WELCOME TO MANHATTAN COLLEGE'S JASPERFIT PROGRAMS

Dear Client:

Thank you for your participation in a personal service from Manhattan College's Student Commons Fitness Center. We are looking forward to providing you with a positive experience and assisting you with the achievement of your personal health, fitness, and wellness goals.

Please take a few minutes to review and complete the enclosed program registration and release of liability form, client information sheet, health history questionnaire, program policy form, and program informed consent. These forms will provide our health and fitness professionals with the required information necessary to begin your service.

Thank you again and please feel free to contact me with any questions regarding any of our program services.

In Good Health,

Christopher Policastro MS, CSCS  
Director of Fitness, Wellness, and Recreation  
Manhattan College Department of Student Life  
Raymond W. Kelly Student Commons Fitness Center  
3900 Waldo Ave, Office 3.01A  
Riverdale, NY 10471  
P 718-862-8110  
E cpolicastro01@manhattan.edu



## PROGRAM REGISTRATION FORM

NAME: \_\_\_\_\_

MC ID: \_\_\_\_\_

PHONE: \_\_\_\_\_

COLLEGE STATUS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PROGRAM INFORMATION

PROGRAM/CLASS: \_\_\_\_\_ # OF SESSIONS: \_\_\_\_\_

CLIENT STATUS: Please circle one      NEW      CURRENT/REPEAT

TRAINER/INSTRUCTOR ASSIGNED: \_\_\_\_\_

### AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being, allowed to participate in the activities and programs of Manhattan College and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waiver, release and forever discharge the Trustees of Manhattan College and its officers, agents, employees, representatives, executors, and all others from any from any and all responsibilities or liability for injuries or damages resulting from my participations in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising, out of or connected with my participation in any activities of the Department of Student Life or the use of any equipment at Manhattan College.  
(Please initial : \_\_\_\_\_)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that these activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.  
(Please initial : \_\_\_\_\_)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Manhattan College or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physicians as to physical activity, exercise, and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do

hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

(Please initial : \_\_\_\_\_)



Signature  
MANHATTAN COLLEGE

Date

## Personal Training Program Client Information Sheet

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

Please circle/answer the following questions in order to provide us with pertinent information that will aid in the development of your personalized training program.

1. Is this your first time working with a personal trainer?    Yes    No

2. Why have you decided to participate in the MC Personal Training Program?

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3. Do you currently exercise?                      Yes    No

If no, have you exercised in the past?    Yes    No

How long has it been since you have performed routine exercise at least 3x/week?    0-6 months    6-12 months    >1 year

4. Please list your personal health and fitness goals in order of importance:

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5. Please list any additional activities that you are currently participating in or have participated in the past (sports, recreational hobbies, walking, cycling, group exercise classes, etc.):

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6. Please describe any limitations/restrictions that your trainer should be made aware of prior to beginning your personalized program?

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7. Please circle what day(s) are best for you to commit to your personal training session(s)?

Monday              Tuesday              Wednesday              Thursday              Friday              Saturday              Sunday

8. Please circle what time(s) are best for you to commit to your personal training session(s)?

6-9 AM              9-12 PM              12-3 PM              3-6 PM              6-9 PM

9. Do you have a gender preference?    Male Trainer    Female Trainer    No difference

Trainer Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

OFFICE USE ONLY

Health History Questionnaire	Yes	No
Informed Consent	Yes	No
Privacy Policy	Yes	No



MANHATTAN COLLEGE

PHYSICAL FITNESS CENTER

HEALTH HISTORY QUESTIONNAIRE

Today's Date:

Name: Age: \_\_\_\_\_ Date of Birth:

Address:

City: State: Zip:

Home Phone: Work Phone:

Email:

College Status: Student Faculty/Staff/Admin Other

Sex: M or F Height: Weight:

Physician's Name: Phone #:

Do you currently exercise? Yes No

If no, have you exercised in the past? Yes No

How long has it been since you have performed routine exercise at least 3x/week? 0-6 months 6-12 months >1 yr.

IN CASE OF EMERGENCY CONTACT:

Name: Phone #:

This form is not a substitute for a thorough physical examination, assessment and diagnosis by your physician. It is designed to identify adults for whom physical activity might be inappropriate at this time. The Department of Student Life strongly recommends that each member undergo a medical examination before beginning any exercise programs.

PLEASE CHECK ALL THAT APPLY

HAVE YOU EVER BEEN DIAGNOSED WITH, OR DIAGNOSED WITH THE FOLLOWING:

- |                            |  |
|----------------------------|--|
| Heart Attack/Heart Disease | Diabetes Mellitus (Req. Insulin Therapy) |
| Coronary Bypass            | Angina Pectoris                          |
| Embolism                   | High Blood Pressure (Req. Medication)    |
| Pacemaker                  | Stroke                                   |
| Aneurysm                   | Epilepsy or Seizures                     |

If you checked any of the above conditions, you **MUST** have medical clearance prior to exercising and orientation.

**PLEASE CHECK ALL THAT APPLY TO YOU:**

**GENERAL HISTORY:**

- Male over 45 or female over 55?
- Do You Smoke? If no, have you quit within the previous 6 months? \_\_\_\_\_
- Have you had major surgery or been hospitalized within the past year?
- Are you currently pregnant? If yes, when are you due? \_\_\_\_\_

**MEDICAL HISTORY:**

Do you have a history of the following conditions:

- Asthma and Allergies (req. medication)
- Bronchitis
- Cancer (please specify: \_\_\_\_\_ )
- Coronary Heart Disease (heart attack, bypass surgery, chest pain, heart murmur, irregular heart rhythm, other)
- Diabetes
- Family History of Heart Disease (heart attack or sudden death in males <55 years and females <65 years of age)
- Gastric Reflux or Heartburn
- High Blood Pressure
- High Cholesterol
- Kidney Disorder
- Liver Disease
- Sleep Disorders (including Apnea)
- Surgical Weight Reduction Procedure (gastric bypass, laparoscopic band, etc.)
- Stroke
- Thyroid Condition
- Other not listed (please specify: \_\_\_\_\_ )

If you checked any of the above boxes, please provide further details:

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Are you presently under medical care, supervision, under restrictions from your physician for any other health related issues?  
If yes, please explain:

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**MUSCULOSKELETAL HISTORY:**

Have you ever had or done any of the following:

- Arthritis
- Bone Conditions (fractures, low density, vitamin and mineral deficiencies, osteoporosis, other)
- Chiropractic Care
- Chronic joint problems
- Physical Therapy
- Past injuries from physical activities, accidents, etc. If yes, please explain:

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**OTHER:**

Is there any other medical condition not mentioned that may limit your physical activity: \_\_\_\_\_

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Please list all prescription and/or over the counter medications you currently take: \_\_\_\_\_

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Please list all vitamins, minerals, and nutritional supplements you currently take: \_\_\_\_\_

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I understand the nature of the Health History Questionnaire and I am aware that any strenuous physical activity involves risk. Accordingly, I release, discharge, absolve, and hold harmless Manhattan College, the Department of Student Life, the Student Commons Fitness Center, and Fitness Instructors or student employees, and all associated from any and all liability arising out of any accident, injury, or loss sustained by me as a result of activities at or present in the Fitness Centers located at Raymond W. Kelly Student Commons and Draddy Gymnasium.

I declare, to the best of my knowledge, that all my answers are true, correct, and complete.

Client Signature

Date

Signature of Personal Trainer

Date



MANHATTAN COLLEGE

## **Personal Training Program Program, Payment & Cancellation Policy**

### ***Program Policy***

Each session is based on a 60-minute workout. To get the most out of our efforts, please be ready to exercise at the appointment time. Keep in mind that when you are late to a session, it will end at the scheduled time. If you are more than 30 minutes late, it will be considered a no-show and you will be charged.

Please wear loose, comfortable clothing to facilitate ease of movement, along with appropriate athletic footwear, and weight lifting gloves if needed. You are required to follow all posted rules and regulations while working with a Personal Trainer. The Personal Trainers are available by APPOINTMENT ONLY Monday through Friday, 7 AM – 7 PM. Sessions before or after this time period or on the weekends may be requested, but not always available. Scheduling sessions during this time frame are granted by the individual Personal Trainers only and are not obligated to entertain this time frame.

### ***Payment Policy***

Always pay for your session in advance. This will reserve a scheduled time and help you commit to your goals. Credit card payments are accepted via our online site. If you are caught paying a Personal Trainer directly, all membership privileges to the Fitness Center will be terminated immediately. Duration of termination will be decided at that time.

Session payments are non-refundable. Exceptions may be made by the Director of Fitness, Wellness, and Recreation. Packages expire six months from the ORIGINAL DATE OF PURCHASE.

### ***Cancellation Policy***

You, as the client, have the ability to cancel at any time. As a professional courtesy, a 24 hours notice is required when canceling an appointment. If you do not provide 24 hours notice, you will be charged for that session.

Cancellation requests must be communicated directly to your assigned Personal Trainer. During your initial contact with your trainer you will receive his/her contact information. Please retain this information for your records.

In an extreme circumstance, the situation will be reviewed. Extreme circumstances include, but are not limited to, sudden unexpected car trouble, illness, uncontrollable life events, emergencies, etc. The

assigned personal trainer does have the right to ask for proof of any such incident. If there should be a discrepancy, the ultimate decision will be left to the Director of Fitness, Wellness, and Recreation.

I acknowledge and fully understand the Program, Payment, and Cancellation Policy stated above.

Client Signature

Date

Signature of Personal Trainer

Date



## **Personal Training Program Waiver and Informed Consent**

I have enrolled in a program of physical activity offered by the Personal Training Program, Department of Student Life at Manhattan College. I understand that my participation in this program is voluntary and I affirm that I am in good physical condition. I may discontinue my participation at any time and may choose not to participate in any activity. As evidenced on the Health History Questionnaire, I have advised the staff of any and all medical conditions including but not limited to disease and/or injuries I may have and the use of any medications that may effect or limit my participation or use of any specific equipment or activity.

In exchange for good and valuable consideration, hereby waive and release Manhattan College, the Department of Student Life, the Personal Training Program, their employees, as well as students and volunteers from and against all claims, demands and damages of any sort and from whatever cause because of my being upon these premises and participation in this program. I understand that I may be injured as a result of my participation in this program or as the result of the conduct of another. I further release and hold harmless Manhattan College from all injuries, including serious injuries and death, directly or indirectly related or unrelated to my participation in this program. I understand that Manhattan College will in no way bear responsibility for medical bills or related expenses pertaining any injury or incidents that may occur at any time.

I have had an opportunity to ask any questions of my trainer or staff of the Fitness Center regarding this program. I understand that there are risks associated with any physical activity program. In the event that I am injured or ill at any point during or after my participation in this program I will immediately notify my personal trainer and the Director of Fitness, Wellness, and Recreation.

As evidenced by my signature below, I agree to abide by the Rules and Regulations of the Fitness Center and I agree I have read and fully intend to comply with the contents of this document.

Client Signature

\_\_\_\_\_

Date

Signature of Personal Trainer

Date