Department of Campus Recreation: SouthFit Persoraihing

Steps to sign up

Step 1: Choose the personal training package that you would like on 2p the september of you need a physician's clearand page 4). If so, send your physician the Release to Executive for and then have him/her return it to you. Attach the release back to your packet. This release should list any exercise restrict the will be contacted by a trainer once the paperwork and payment have been received.

12 business days but may take longer during busier times of the peasure to se you are available for personaithing sessions.

ke appointments without ppayment.

Your sessions will expire. Se forgexpiration lengths. There are no refunds on

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Department of Campus Recreation: SouthFit Personal Training

Waiver: Tobe signedby all participants whoare 19 year parentor uy psignti2 (d_)]TJ -0.002 Tc d (or)Tj 0 is is is uan5 ()]1Td [(b)-0.8 8u	s of ager older. If participa (r)0.7 2 -0.002785isuhris	ntis under 19 yearsof age,pa 98 (iel-0.8 0 Ta) 4 gatt2 5 is	articipant's 8panan

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Department of Campus Recreation: SouthFit Personal Training

Please indicate if you have any of the following:

Condition	Yes	No	Condition	Yes	No
Arthritis			Migraine headaches		
Asthma			Multiple Sclerosis		
Back Problems			Nerveproblems		
Bone Spurs			Orthopedic issues		
Epilepsy or Seizures			Osteoporosis		
Fibromyalgia			Plantar Fasciitis		
High blood pressure			Tobacco user		
High cholesterol			Other		
Hypoglycemia			(Describe)		

If you checked any of the above, please explain any exercise limitations you have due to that condition:

Please list any medications you take for any conditions checked on partie that may be affected by exercise.					
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Physician'sRelease Exercise

Client'sname:	Date:	Date:		
l,	(client'sname),authorizethe releaseof the belowinformation to	the		
University ofn: S				