UIC FitWell Center
Activities and Goals

Campus Recreation

Name:_____Today's Date:_____

1. List your three main fitness goals
   a. _____
   b. _____
   c. _____

2. What do you want exercise to do for you?

Improve cardiovascular fitness	☐	Improve ability to cope with stress	☐
Body fat reduction	☐	Improve flexibility	☐
Reshape/tone my body	☐	Increase energy level	☐
Feel better	☐	Enjoyment	☐
Improve performance in a specific sport	☐	Other	☐

3. What type of physical activity interest you?

Walking	☐	Tennis	☐	Rowing	☐
Racquetball	☐	Football	☐	Group Fitness	☐
Strength Training	☐	In-line skating	☐	Stretching	☐
Basketball	☐	Jogging	☐	Soccer	☐
Water Activities	☐	Competitive Sports	☐	Swimming	☐

4. List any current activities

_____

_____

5. Are you currently training? If so, what are you doing?

_____

_____

6. Do you currently take any nutritional supplements or follow any special diet?

_____

7. How many times do you eat a day? _____

8. "I think I am…"

Very underweight ☐	Somewhat underweight ☐	Normal weight ☐
Somewhat overweight ☐	Very overweight ☐	

9. How many hours do you work per week? _____

10. How do you spend most of your time at work? _____

11. Describe how you deal with stress daily?

_____

12. Have you ever begun an exercise program and then stopped? If yes, why?

_____

13. How many times per week do you want to train with our personal trainers? _____

14. What location do you want to train with our personal trainer? _____

Virtual ☐	East-Student Recreation Facility ☐	West-Sport & Fitness Center ☐

15. How long do you want the personal training session to be?

30 minutes ☐	1 hour ☐

30 Please provide the best days and times of day you are available to meet with the trainer.

Best Days Available	Best Times Available	
1.		
2.		
3.		

In consideration for the acceptance of my entry, I, for myself, my executor, administration, and assignees, do hereby release and discharge the Board of Trustees of the University of Illinois at Chicago, its officers, agents, representatives and employees, from any and all demands, actions, causes of action and claims of liability for any and all trauma, injury, damage, expense, handicap, disability or death which might or does result from my participation in the Personal Training Programs. I certify that I assume and will pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expense, and that I am physically fit to participate in this program.

My signature indicates that I have fully read and understand this Personal Training Program participant waiver and that I assume all risks incurred by my participation.

Signature: _____ Date: _____