

UMass Campus Recreation & Sport Clubs
 112 Recreation Center
 161 Commonwealth Avenue
 Amherst, MA 01003
 (413) 545-0022 (phone)
 (413) 577-3870 (fax)
www.umass.edu/campusrec

PERSONAL TRAINING FITNESS ASSESSMENT

A fitness assessment is a great way to evaluate your current fitness level. It includes a series of measurements that help determine physical fitness and are a great way to gauge your current fitness level.

What you should know and how to prepare:

- Wear athletic shorts, t-shirt and athletic shoes.
- Drink plenty of fluids over the 24-hour period preceding the test to ensure normal hydration prior to the testing.
- Avoid heavy meals, tobacco, alcohol, and caffeine for at least 3 hours before testing. You may have a small snack 30 minutes to 1 hour before the test.
- Avoid exercise or strenuous physical activity the day of the test.
- Get an adequate amount of sleep (6-8 hours) the night before the test.

A **Fitness Assessment** measures height, weight, body composition, blood pressure, muscular endurance, cardiovascular endurance and flexibility.

1. **Height and Weight Measurements**
2. **Resting Heart Rate**
3. **Blood Pressure**
4. **Body Composition**
5. **Sit-up Test/min**
6. **Push-up Test/min**
7. **Step Test**
8. **Sit and Reach**

Below you will find a brief description of each element of the fitness assessment.

To take your **Resting Heart Rate**, sit in a chair, feet on floor in a relaxed position. Your pulse will be taken on your wrist to determine your resting heart rate. This is a person's heart rate at rest. The best time to find out your resting heart rate is in the morning, after a good night's sleep, and before you get out of bed. The average heart beats about 60 to 80 times a minute when at rest. Resting heart rate usually rises with age, and it's generally lower in physically fit people.

Your **Blood Pressure** will be taken with an automatic blood pressure monitor. Resting heart rate and blood pressure are important indicators to measure as you begin and progress in your fitness routine. The 1st number: *systolic pressure* is the pressure generated when the heart contracts. The 2nd number: *diastolic pressure* is the blood pressure when the heart is relaxed.

HIGH blood pressure symptoms: stressed, sedentary, bloated, weak, failing

Systolic	Diastolic	
90	60	borderline low
110	75	low normal
120	80	normal
130	85	high normal
140	90	stage 1 high BP
160	100	stage 2 high BP
180	110	stage 3 high BP
210	120	stage 4 high BP

LOW blood pressure symptoms: weak, tired, dizzy, fainting, coma

Body Composition measures the ratio of lean body mass to fat mass with skin fold measurements. We strongly suggest wearing comfortable, loose fitting clothing (shorts and a t-shirt). Body composition measurements are most accurate when taken first thing in the morning before consuming any food or drink.

The **Sit-Up** and **Push-Up Tests** test the ability of your muscles to exert force over an extended period of time.

The **Step Test** estimates your aerobic fitness level by performing a 3-minute step test on a 12-inch step.

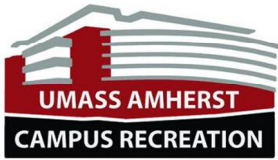
The **Sit and Reach** test is the most common way to measure lower back and hamstring flexibility. You will be well warmed up by the time you do the sit and reach test. Place the ruler on the ground between your legs (0 end lined up with your feet) or on the top of the step. Place one hand on top of the other, then reach slowly forward. At the point of your greatest reach, hold for a couple of seconds, and we will measure how far you have reached. You will have 2 practice reaches, then on the third hold your reach for 3 seconds.

What Your Sit and Reach Test Results Mean: sit-and-reach results compare your own flexibility over time as well as comparing your score to norms, or averages, for your gender and age. Adequate flexibility is being able to reach your toes while keeping your legs straight. If you can't reach your toes (the 0 mark on the ruler), your flexibility is less than recommended.

	MEN	WOMEN
Super	> + 10.5	> + 11.5
Excellent	+ 6.5 to + 10.5	+ 8.0 to +11.5
Good	+ 2.5 to + 6.0	+ 4.5 to +7.5
Average	0 to + 2.0	+ 0.5 to + 4.0
Fair	-3.0 to – 0.5	-2.5 to 0
Poor	-7.5 to -3.5	-6.0 to -3.0
Very Poor	< -7.5	< -6.0

Your maximum heart rate is about 220 minus your age. The figures below are averages, so use them as general guidelines.

AGE	TARGET HR ZONE 50-85%	AVERAGE MAXIMUM HEART RATE 100%
20 years	100–170 beats per minute	200 beats per minute
25 years	98–166 beats per minute	195 beats per minute
30 years	95–162 beats per minute	190 beats per minute
35 years	93–157 beats per minute	185 beats per minute
40 years	90–153 beats per minute	180 beats per minute
45 years	88–149 beats per minute	175 beats per minute
50 years	85–145 beats per minute	170 beats per minute
55 years	83–140 beats per minute	165 beats per minute
60 years	80–136 beats per minute	160 beats per minute
65 years	78–132 beats per minute	155 beats per minute
70 years	75–128 beats per minute	150 beats per minute



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FITNESS ASSESSMENT QUESTIONNAIRE AND WAIVER

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Date _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business or Alternate Phone _____

Age _____ Height _____ Weight _____

For questions 1-9, have you experienced:

1. Pain or discomfort (or anginal equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow) YES ☐ NO ☐ UNSURE ☐
2. Shortness of breath at rest or w/mild exertion YES ☐ NO ☐ UNSURE ☐
3. Dizziness or syncope at rest or w/mild exertion YES ☐ NO ☐ UNSURE ☐
4. Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion YES ☐ NO ☐ UNSURE ☐
5. Edema (excessive accumulation of tissue fluid) YES ☐ NO ☐ UNSURE ☐
6. Palpitations or tachycardia (sudden rapid heart beat) YES ☐ NO ☐ UNSURE ☐
7. Intermittent claudication (lameness due to decreased blood flow) YES ☐ NO ☐ UNSURE ☐
8. Known heart murmur (abnormal heart sound) YES ☐ NO ☐ UNSURE ☐
9. Unusual fatigue or shortness of breath with usual activities YES ☐ NO ☐ UNSURE ☐
10. Do you smoke? YES ☐ NO ☐
11. Do you drink occasionally? YES ☐ NO ☐
12. Have you been a member of a health club before? YES ☐ NO ☐
13. Have you been exercising regularly for the past 6 months? YES ☐ NO ☐
14. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____
15. Are you currently involved in regular endurance (cardiovascular) exercise?
Yes _____ No _____ If yes, please specify the type of exercise(s) _____ minutes / day _____ days / week
16. How often do you eat out? _____ times per week.

17. I would like to:
- ☐ Lose weight ☐ Gain weight ☐ Feel better ☐ Look better ☐ Live healthier

18. Please list the habits that you would like to change_____

19. On a scale of 1 – 10, (with 10 being very serious) how serious are you about achieving your goals?
1 2 3 4 5 6 7 8 9 10

20. Is there anything else your trainer should be aware of?_____

RELEASE AND WAIVER OF LIABILITY

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERSITY OF MASSACHUSETTS, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.

I, the undersigned, acknowledge that the Personal Training Fitness Assessment hereunder includes participation in physical activities, including but not limited to, various aerobic exercises, muscular endurance and or resistance training, flexibility and other physical measurements. The member acknowledges these physical activities may be strenuous and may involve inherent risk of physical injury. Member agrees to assume all risk and responsibility involved with participation in these physical activities.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Member's Signature_____ **Date**_____

PERSONAL TRAINING REGISTRAION & WAIVER

2010 – 2011 ACADEMIC YEAR

(SEPTEMBER 5, 2010 – SEPTEMBER 3, 2011)

Today's Date ____/____/____
(Month) (Day) (Year)

Personal Training Package: (all packages include intro session/fit assessment and body comp)

- ☐ 1 Session (\$25 student, \$40 non-student) ☐ 3 Sessions (\$65 student, \$115 non-student)
☐ 6 Sessions (\$120 student, \$180 non-student) ☐ 10 Sessions (\$180 student, \$250 non-student)
☐ Fitness Assessment (\$15) ☐ Body Composition (\$10)

Fitness Goals:

- ☐ Improve cardiovascular fitness ☐ Tone/reshape my body ☐ Decrease body fat ☐ Improve athletic ability
☐ Increase strength ☐ Improve flexibility ☐ Build lean muscle mass ☐ Decrease stress levels ☐ Improve mood

Trainer Request _____

Please Print Clearly

Name of Applicant _____
(Last) (First) (MI)

Date of Birth _____ **UCARD #** _____ ☐ Male ☐ Female

Email _____ **Phone** _____

Local Address _____ **Apt #** _____

City _____ **State** _____ **Zip** _____

Emergency Contact Name _____ **Relation to You** _____

Emergency Contact's Phone (primary) _____ **Secondary Phone** _____

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge THE UNIVERSITY OF MASSACHUSETTS, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated.

I, the undersigned, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse THE UNIVERSITY OF MASSACHUSETTS for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the Recreation staff is not responsible for any lost, stolen or damaged personal belongings.

I, the undersigned, have received the Personal Training Registration packet, policies and conduct of training sessions and understand there are limitations to my participation as outlined in the packet.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Applicant's Signature _____ **Date** _____

RECREATION STAFF USE ONLY

Membership Classification: ☐ Faculty / Staff ☐ Graduate Student ☐ Continuing Ed ☐ Retiree ☐ Associate ☐ Alumni ☐ Summer Undergrad
Package Purchased: ☐ 1 Session ☐ 3 Sessions ☐ 6 Sessions ☐ 10 Sessions ☐ Fitness Assessment ☐ Body Composition

Fee Amount \$ _____ **Method of Payment** ☐ Cash ☐ Check # _____

CSI Invoice # _____ **Date of Purchase** _____

Expiration Date of Package _____ **Staff Name** _____

(Please Print Clearly)