

# USC RECREATIONAL SPORTS



## PRIVATE PILATES INFORMATION PACKET

# WELCOME TO USC REC SPORTS PRIVATE PILATES

## GETTING STARTED

The information included in this packet is everything you need to get started with a Certified Pilates Instructor. After completing this form, you will be contacted by phone or email within two business days notifying you of your eligibility to participate in the program. On your first session please make sure to be well hydrated and have a light snack/meal 60-90 minutes before training sessions to prevent fatigue during the workout. Additionally, you may want to bring a water bottle and sweat towel.

## PRIVATE PILATES POLICIES

### MEMBERSHIP

All private Pilate's clients are required to have a current Recreational Sports Membership.

### PAYMENT

Once matched with a Certified Pilates Instructor you will purchase your desired virtual packet online at [myrecsports.usc.edu](http://myrecsports.usc.edu). Payment for sessions must be made in advance of meeting with your trainer.

### EXPIRATION DATE

You will have two consecutive semesters to complete your private Pilates sessions, summer session excluded. After the expiration date all remaining sessions will be invalid. Private Pilate's sessions are non- refundable. If sessions must be discontinued due to medical reasons, clients may be eligible for a refund for incomplete sessions with medical documentation.

### CANCELLATIONS

Certified Pilates Instructors *must be given 24-hour notice for cancellations*. Notice should be in the form of an e-mail to the Pilates instructor with [uscrecsports@gmail.com](mailto:uscrecsports@gmail.com) CC'ed. If less notice is given, the session will be forfeited. If you do not CC [uscrecsports@gmail.com](mailto:uscrecsports@gmail.com) , the session will be forfeited.

### TARDINESS

Please arrive on time to your personal training sessions. If you will arrive more than 15 minutes late, please contact the Pilates instructor and copy [uscrecsports@gmail.com](mailto:uscrecsports@gmail.com). You will forfeit time lost due to tardiness. All sessions will end 60 minutes after the originally scheduled start time. Pilate's instructors are expected to wait up to 15 minutes after the scheduled start time. As listed under cancellations, sessions are forfeited if cancelled with less than 24 hours' notice, this includes tardiness.

### VIRTUAL CHECK-IN LOCATION

Meet our Pilates instructor in the zoom meeting established. Ensure you have ample time to login and join the session prior to the start time.

## PRIVATE PILATES SERVICES & RATES

*\*Below are the service options, please select the session you are most interested in.*

### VIRTUAL FITNESS ASSESSMENT

This 30-minute virtual fitness assessment identifies your muscle flexibility, range of motion, motor control, strength and serves as a baseline, or starting point of your body's physical fitness. You can use this fitness assessment to figure out your training needs and goals. You then compare your progress over time to the initial fitness assessment.

### VIRTUAL JUMP-START TRAINING

This two-session service includes a 30-minute fitness assessment and a 60-minute Pilate's session. The Pilates session will focus on the results of the fitness assessment and target areas of improvement. You and your Pilates instructor will also discuss and choose specific exercises geared towards your goals.

### ONE-ON-ONE TRAINING

Together, you and your Pilates instructor will develop a personalized exercise program based on your health history, goals and fitness level. Your Pilates instructor will instruct you on proper technique and exercise options, as well as motivate you to achieve your health and fitness goals.

### GROUP TRAINING (2 PEOPLE MAX!)

Interested in virtual Pilates with a friend? Partner training, for two individuals, is a based off of a 1- on-1 virtual Pilate's session

## PLEASE SELECT THE SERVICE YOU ARE INTERSTED IN

- ☐ Assessment: \$25
- ☐ Jump Start: \$70
- ☐ 1 Session: \$55
- ☐ 5 Sessions: \$220 (Buy 4 Get 1 Free!)
- ☐ Group Training 5 Sessions: \$360

If interested in group training, please indicate the name of the individual who will training with you:

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*\*To compliment your Pilates services please check out our additional wellness offerings through USC Rec Sports at <http://sait.usc.edu/recsports/fitness-and-recreation/fitness/> These services include a wide variety of group fitness and mind body classes, personal training, and massage therapy.*

## TRAINING GOALS

*\*Please indicate your health and fitness goals by checking the following boxes*

### Fitness Goals:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Weight Loss        | <input type="checkbox"/> Increase Muscle Tone   | <input type="checkbox"/> Flexibility                               |
| <input type="checkbox"/> Weight Gain        | <input type="checkbox"/> Cardiovascular Fitness | <input type="checkbox"/> Mobility                                  |
| <input type="checkbox"/> Muscular Endurance | <input type="checkbox"/> Sport Specific         | <input type="checkbox"/> General Fitness/Start an Exercise Program |
| <input type="checkbox"/> Muscular Strength  | <input type="checkbox"/> Reduce Body Fat        | <input type="checkbox"/> Change Body Composition (↓ body fat %)    |

### Health Goals:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Increased Confidence   | <input type="checkbox"/> Achieve Balance   | <input type="checkbox"/> Fun                     |
| <input type="checkbox"/> Reduce stress          | <input type="checkbox"/> Improve Nutrition | <input type="checkbox"/> Focus on Healthy Habits |
| <input type="checkbox"/> Control Blood Pressure | <input type="checkbox"/> Motivation        | <input type="checkbox"/> Feel Better Overall     |

Primary goals: \_\_\_\_\_

Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age: 18-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51+ \_\_\_\_\_

Please rate your current stress level on a scale of 1 to 5 (5 indicating very stressed): \_\_\_\_\_

What are that major contributing factors to your stress?

\_\_\_\_\_

How much time do you **currently** devote to the following:

Non-Exercise Activities (active job, take the stairs, walk to stores)	_____ days/week	_____ days/week
Cardiovascular (walking, biking, swimming, etc)	_____ days/week	_____ days/week
Strength training (weight training, body weight/TRX, etc)	_____ days/week	_____ days/week
Stretching/Mobility	_____ days/week	_____ days/week

How much time are you **willing** to devote to the following:

Non-Exercise Activities (active job, take the stairs, walk to stores)	_____ minutes/day	_____ days/week
Cardiovascular (walking, biking, swimming, etc)	_____ minutes/day	_____ days/week
Strength training (weight training, body weight/TRX, etc)	_____ minutes/day	_____ days/week
Stretching/Mobility	_____ minutes/day	_____ days/week

What have been your past barriers to meeting your health and fitness goals? \_\_\_\_\_

Do you have access to a computer or laptop with high-speed Internet and Zoom access?

Do you have access to exercise equipment? If so, what types of equipment?

Do you own any wearable technological device(s) that measure your physical fitness? (Apple Watch, Fitbit, etc.)

## MEDICAL HISTORY

\*Please check all that apply

Are you currently being treated for high blood pressure? ☐ Yes ☐ No

If yes are you currently on blood pressure medication? ☐ Yes ☐ No

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abnormal EKG?            | <input type="checkbox"/> Arthritis?     | <input type="checkbox"/> Stroke?                    |
| <input type="checkbox"/> Asthma?                  | <input type="checkbox"/> Foot Pain?     | <input type="checkbox"/> Recent Broken Bones?       |
| <input type="checkbox"/> Diabetes?                | <input type="checkbox"/> Knee Pain?     | <input type="checkbox"/> Swollen or Painful Joints? |
| <input type="checkbox"/> Low Blood Pressure?      | <input type="checkbox"/> Back Pain?     | <input type="checkbox"/> Surgeries?                 |
| <input type="checkbox"/> Limited Range of Motion? | <input type="checkbox"/> Shoulder Pain? | <input type="checkbox"/> Are You Pregnant?          |

## PERSONAL INFORMATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership Status: Student ☐ Staff/Faculty ☐ Alumni ☐ Guest ☐

## AVAILABILITY

\*Please check all days and time periods that will work best for your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
6:00A-9:00A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00A-12:00P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00P-3:00P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00P-6:00P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00P-9:00P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00P-12:00A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TRAINER PREFERENCE

Trainer preference: Male ☐ Female ☐ No Preference ☐

Name of Trainer: \_\_\_\_\_

## Medical Screening: PAR-Q

*\*Please follow the directions for completing the Physical Activity Readiness Questionnaire (PAR-Q).*

*Clarifications to these questions are listed on page 6 for your convenience.*

### IF YOU CHECK "YES" ANY QUESTIONS ON THIS FORM, YOU WILL NEED TO OBTAIN A MEDICAL CLEARANCE (PAGE 7) PRIOR TO BEGINNING YOUR PERSONAL TRAINING SESSIONS

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15-69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- |    | Yes                      | No                       |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity?  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity?  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not do physical activity?   |

Please note: if your health changes so that you answer YES to any of the above questions, please inform your personal trainer. Your physical activity clearance will be invalid until you speak with your physician to obtain a physician's clearance.

#### ***If you answered YES to one or more questions:***

Talk with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES to.

- You may be able to do any activity you want as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your physician about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

#### ***If you answered NO to all questions:***

You can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment. This is an excellent way to determine your basic fitness level, so that you can plan the best way to increase activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

*(for participants under the age of 18)*

## Readiness Questionnaire Clarifications

For most people, physical activity should not pose any problem or hazard. The questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate and those who should have medical advice concerning the type of activity most suitable.

### **1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

Significance/clarification:

*Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.*

### **2. Do you feel pain in your chest when you do physical activity?**

Significance/clarification:

*See question 3.*

### **3. In the past month, have you had chest pain when you were not doing physical activity?**

Significance/clarification:

*A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.*

### **4. Do you lose your balance because of dizziness or do you ever lose consciousness?**

Significance/clarification:

*A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.*

### **5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?**

Significance/clarification:

*Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.*

### **6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**

Significance/clarification:

*See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.*

### **7. Do you know of any other reasons why you should not do physical activity?**

Significance/clarification:

*The exercise prescription may have to be modified in accordance with the specific reason provided*

## Medical Release

**ONLY REQUIRED IF YOU CHECKED "YES" TO ANY QUESTIONS ON THE PAR-Q (PAGE 5)**

Dear Physician/Health Care Professional:

Your patient \_\_\_\_\_ wishes to start a fitness program through the University of Southern California personal training program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

### Physician/Health Care Professional Report

☐ I know of no reason why the applicant may not participate.

☐ I believe the client can participate, but I urge caution because: \_\_\_\_\_

\* My patient is taking medications that will effect heart rate response to exercise.  
The effects are indicated below:

Type of medication: \_\_\_\_\_

Effect: \_\_\_\_\_

Restrictions for exercise: \_\_\_\_\_

☐ The client should not engage in the following activities: \_\_\_\_\_

☐ I recommend that the client NOT participate.

Physician/Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please submit email to:

uscrcsports@gmail.com

Attn: Trojan Fitness

Department of Recreational Sports

University of Southern California