

THE  
**LODGE**  
D E S P E R E S

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FITNESS & WELLNESS



personal training  
**NEW CLIENT PACKET**

**EXPERIENCE THE DIFFERENCE**

The Lodge Des Peres Fitness Center

314.835.6180 Phone

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[www.TheLodgeDesPeres.com](http://www.TheLodgeDesPeres.com)

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# LODGE PERSONAL TRAINING- NEW CLIENT PACKET



Thank you for choosing Lodge Personal Training. We strive to assist clients in achieving their goals of a healthier lifestyle safely!

We do require some paperwork to be filled out so that we can better serve you. This new client packet contains the following: medical history form, an informed consent, and a physician's approval form. Please fill out the medical history form, sign and date the consent, and give the physician's approval form to your doctor if directed to do so by your trainer\*. Please have these papers prepared and ready to give to your Personal Trainer during your first appointment. We do reserve the right to refuse service if the Personal Trainer is uncomfortable training you until you receive approval from your physician, physical therapist, or medical professional.

*[\*Mandatory physician's approval results from one of the following: recent hospitalization, back, leg or joint pain or injury, any restrictions with progressive exercise, or meeting 3 or more positive risk factors. These risk factors include, but are not limited to: heart or blood pressure problems, diabetes, being over the age of 65, or leading a sedentary lifestyle. The Lodge recommends that all participants beginning a new fitness program receive approval from their physician. However, it is not mandatory.]*

## **Proper attire for your training session includes:**

Proper attire includes short-sleeved shirt, shorts or jogging pants, gym shoes and a re-sealable water bottle.

## **Your first training session will consist of the following:**

Your first training session will be a fitness assessment and consultation with the Personal Trainer. The Trainer will do an extensive series of tests to assess your current health and fitness level in order to develop a program that will best fit you. Therefore, it is not recommended that you workout prior to the assessment. Be sure to eat a light meal such as fruit and yogurt at least an hour before your appointment but please refrain from any caffeine as this will alter your assessment results. This is also the time to discuss your goals and dreams. Remember, the Trainers are here to guide you, but it is you who must make the commitment. Each additional training session will consist of a workout that has been uniquely designed for you.

## **Length of Appointment:**

Each appointment is one hour in length unless otherwise noted. Packages will expire six months from the purchased date.

## **Promptness:**

At The Lodge, we are striving to make every experience exemplary. If your Lodge Trainer is more than 10 minutes late, you will receive a complimentary hour of training. If you are late for a session, you will be trained only for the remainder of your scheduled training hour. If a client is more than twenty minutes late, the session could be canceled and the client will forfeit their fees.

## **Cancellation Policy:**

If for any reason The Lodge needs to cancel your Personal Training appointment with less than a 24-hour notice, you will receive a complimentary appointment. In return, The Lodge requires a 24-hour notice to cancel any Personal Training appointment. Failure to give the required time will result in forfeited fees.

## **Refunds:**

If you are unable to continue scheduled Personal Training sessions due to medical reasons, the Fitness Supervisor will issue you a refund. You will need to submit a letter from your doctor restricting you from exercise prior to the refund being issued.

If you have any questions about your Personal Training appointment at The Lodge, please contact the Fitness Supervisor at 314-835-6180.

## **Referrals:**

As a new personal training client, you have taken the first step to better health. You recognize the benefits of an organized fitness routine designed specifically with you in mind. We are excited to begin our referral program as a way to thank you. You will receive a \$25 personal training coupon for each client you refer to our Lodge personal training program that you can apply to your next personal training package. Tell your friends about the benefits of Personal Training at The Lodge Des Peres and SAVE! For more information about the referral program, please contact the Fitness Supervisor at 314 835-6180.

I have read the above and have asked any questions I might have in regards to the Lodge Personal Training policy and procedures.

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Personal Training Client Signature

Date

# MEDICAL HISTORY FORM

Answer each question by printing the necessary information.  
Answers are confidential.



## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## MEDICAL INFORMATION:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you under the care of a physician, chiropractor, or other health care professional for any reason? Yes / No  
If yes, list reason: \_\_\_\_\_

Are you taking any medications? Yes / No *(if yes, complete the following)*

Type Dosage/Frequency/Reason for taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MEDICAL HISTORY FORM - CONTINUED



1. Has your doctor ever said your blood pressure was too high? Yes / No
2. Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? Yes / No
3. Are you over age 65? Yes / No
4. Are you unaccustomed to vigorous exercise? Yes / No
5. Is there any reason not mentioned here why you should not follow a regular exercise program? Yes / No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. Have you recently experienced any chest pain associated with either exercise or stress? Yes / No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## SMOKING

Please fill in the circle that best describes your current habits:

- Non-user or former user; Date quit: \_\_\_\_\_
- Cigar and/or pipe
- 15 or fewer cigarettes per day
- 16 to 25 cigarettes per day
- 26 to 35 cigarettes per day
- More than 35 cigarettes per day

## FAMILY & PERSONAL MEDICAL HISTORY:

If there is a family history for any condition, please fill in the circle to the left. If you are personally experiencing any of these conditions, fill the information in on the line.

- Asthma: \_\_\_\_\_
- Osteoporosis: \_\_\_\_\_  
\_\_\_\_\_
- Respiratory/Pulmonary Conditions: \_\_\_\_\_
- Diabetes: Type I: \_\_\_\_\_ Type II: \_\_\_\_\_ How Long? \_\_\_\_\_
- Epilepsy: Petite Mal: \_\_\_\_\_ Grand Mal \_\_\_\_\_ Other: \_\_\_\_\_

## LIFESTYLE AND DIETARY FACTORS:

- Occupation Stress Level: Low / Medium / High
- Energy Level: Low / Medium / High
- Colds per Year: \_\_\_\_\_
- Anemia: \_\_\_\_\_
- Gastrointestinal Disorder: \_\_\_\_\_
- Hypoglycemia: \_\_\_\_\_
- Thyroid Disorder: \_\_\_\_\_
- Pre/Postnatal: \_\_\_\_\_

# FAMILY/PERSONAL MEDICAL HISTORY - CONTINUED



## **CARDIOVASCULAR:**

- O High Blood Pressure: \_\_\_\_\_
- O High Cholesterol: \_\_\_\_\_
- O Hyperlipidemia: \_\_\_\_\_
- O Heart Disease: \_\_\_\_\_
- O Heart Attack: \_\_\_\_\_
- O Stroke: \_\_\_\_\_
- O Angina \_\_\_\_\_
- O Gout: \_\_\_\_\_

## **MUSCULOSKELETAL INFORMATION:**

Please describe any past or current musculoskeletal conditions you have incurred, such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck: \_\_\_\_\_

Upper Back: \_\_\_\_\_

Shoulder / Clavicle: \_\_\_\_\_

Arm / Elbow: \_\_\_\_\_

Wrist / Hand: \_\_\_\_\_

Lower Back: \_\_\_\_\_

Hip / Pelvis: \_\_\_\_\_

Thigh / Knee: \_\_\_\_\_

Arthritis: \_\_\_\_\_

Hernia: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Other: \_\_\_\_\_

# NUTRITIONAL INFORMATION



1. Are you on any specific food / nutritional plan at this time? Yes / No

If yes, please list: \_\_\_\_\_

2. Do you take dietary supplements? Yes / No

If yes, please list: \_\_\_\_\_

3. Do you experience any frequent weight fluctuations? Yes / No

4. Have you experienced a recent weight gain or loss? Yes / No

If yes, how much over what period of time? \_\_\_\_\_

5. How many beverages do you consume per day that contains caffeine? \_\_\_\_\_

6. How many beverages do you consumer per week that contain alcohol? \_\_\_\_\_

7. How would you describe your current nutritional habits?

\_\_\_\_\_  
\_\_\_\_\_

8. Other food/nutrition issues you want to include (*food allergies, mealtimes, etc.*):

\_\_\_\_\_  
\_\_\_\_\_

9. To what degree do you perceive your environment as stressful?

Work:  Minimal  Moderate  Average  Extremely

Home:  Minimal  Moderate  Average  Extremely

10. Do you work more than 40 hours a week? \_\_\_\_\_

11. Please make any other comments you feel are pertinent to your exercise program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Personal Training Client: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Personal Trainer: \_\_\_\_\_ Date \_\_\_\_\_

*Forms provided by ISSA, International Sports and Science Association*



## RELEASE FORM FOR PERSONAL TRAINING

### *Informed Consent Form*

I, \_\_\_\_\_, give my consent to participate in the physical fitness evaluation program conducted by The Lodge, in the City of Des Peres.

#### Benefits

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

#### Risks

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted on my medical forms) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

#### Testing and Evaluation Results

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, and being tested for muscular fitness and body composition. I further understand that such screening is intended to provide my Personal Trainer with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form I understand that I am personally responsible for my actions during my tenure with the Lodge Personal Training Program and that I waive the responsibility of The Lodge Des Peres and The City of Des Peres if I should incur any injury or death as a result of my negligence.

Signature of Personal Training Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## PHYSICIAN'S APPROVAL FORM

Name of Client: \_\_\_\_\_

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

Please fill out this form releasing your patient to participate in a physical fitness program conducted and monitored by a certified Personal Trainer. After completion of this form, please return it to the Lodge Fitness Center. If you have any questions, please do not hesitate to contact the Trainer at 314 835-6180. Thank you for your assistance.

Type of Activity	Intensity
Cardiovascular	_____
Resistance Training	_____
Flexibility	_____
Other	_____

Physician's recommendations/contraindications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (patient name) has been examined by me and has my approval to participate in a progressive exercise program.

\_\_\_\_\_ M.D. \_\_\_\_\_  
Physician's Signature Date



## **FITNESS CENTER RULES**

- The Fitness Center is available to everyone 16 years of age and older.
- Youth, ages 14-15, will be granted admission to the Fitness Center after completion of a Youth Fitness Orientation with a Lodge Personal Trainer. **WRISTBANDS MUST BE WORN WHILE IN THE FITNESS CENTER.**
- Youth, ages 12-13 will be granted admission to the Fitness Center with their parent or guardian after both the adult and child complete a Youth Fitness Orientation with a Lodge Personal Trainer. **WRISTBANDS MUST BE WORN WHILE IN THE FITNESS CENTER** and a parent must be present at all times.
- Shirts and athletic shoes must be worn at all times. No sandals or sport bras (Long tanks are acceptable).
- Please check your shoes for dirt and rocks prior to entering the Fitness Center.
- Please use the lockers with locks (check out from front desk) for all personal items. The Lodge is not responsible for lost or stolen items.
- Sealed bottles or drink containers are welcome; food is not permitted.
- 30-minute time limit on all cardio equipment. Sign in is required. Management reserves the right to ask you to exit the machine if you are not signed in.
- Please clean the equipment when finished, spray the cleaner into the towel, **NOT** directly onto the machine.
- Please return all dumbbells and weight plates to the racks when finished.
- All personal training sessions must be with a Lodge Personal Trainer. Trainers not employed by the City of Des Peres may not provide their services at The Lodge.
- Some cell phones interfere with the heart rate devices on the machines, so we ask that you refrain from using them while you are in the fitness center. If you need to use your phone, please be respectful of other members.
- Common Courtesy applies - clean up your mess, return your toys and share!

## **TRACK RULES**

- The track is available to everyone 14 years of age and older.
- All users should use the inside lane - use the outside lane for passing only.
- Please follow the arrow at the top of the stairs for track direction.
- Youth 13 and under may use the track if accompanied by a parent or guardian.
- Shirts and athletic shoes must be worn at all times.
- Sealed bottles or drink containers are welcome; food is not permitted.
- Strollers are permitted on the track, Monday – Saturday, 11 a.m. – 3 p.m.
- Spitting is not permitted on the track at any time.
- One lap equals 1/10 of a mile; 10 laps equal one mile.
- The sidewalk around the outside of The Lodge equals 4/10 of a mile; 2.5 laps equal a mile.



## COMPONENTS OF FITNESS & WELLNESS

**Cardio/Aerobic Exercise:** The training of the heart, lungs and blood system. This is accomplished by using the large muscles of the upper legs in a continuous manner. When we walk, run, swim, bike, etc., we are improving our aerobic component.

*Recommendations:*

- a minimum of 30 minutes of cardio exercise three times a week at about 70% of our target heart rate (THR).
- Since this kind of exercise is generally low intensity, it can be performed every day of the week and sometimes more than once a day.

Our THR is determined by the following formula:

$$220 - \text{your age} = \text{your maximum heart rate} \times 70\% = \text{THR}$$

For those over 40:

$$205 - (50\% \times \text{your age}) = \text{your maximum heart rate} \times 70\% = \text{THR}$$

**Strength:** To improve overall strength, we challenge specific muscles. The best way to accomplish this is to exercise a muscle against some form of resistance such as our body weight, free weights, cables or bands. Then employing a recommended program of “progressive overload” we continually demand more from our muscles. They, as a result, are forced to adapt by becoming stronger and by increasing their endurance without incurring injury.

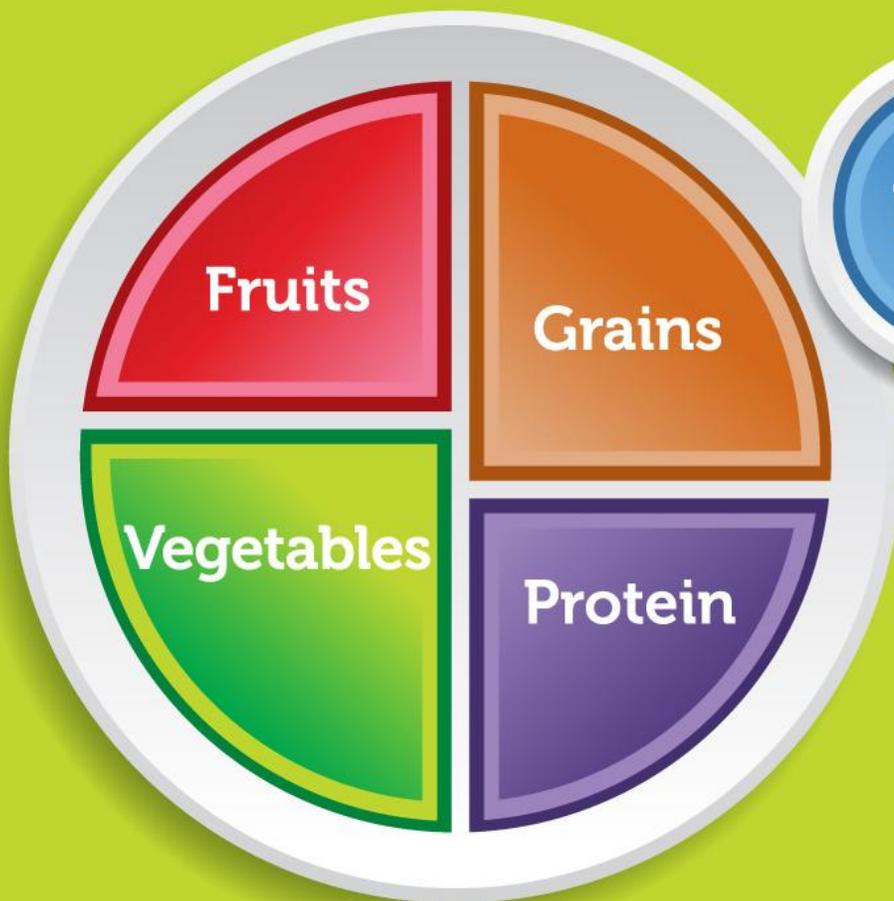
*Recommendations:*

- 2-3 times per week, do not work the same muscles 2 days in a row.
- To get the most efficient workout from our machines, please be sure to adjust the “Range of Motion” and “Axis Point” settings on all STAR TRAC equipment before each use.
- To build muscle and burn calories faster, learn to use appropriate muscle tension and breathing techniques for each different type of exercise

**Flexibility:** The ability to move our limbs and/or body parts freely without constraint. Our ease of accomplishing this is a function of our flexibility or range of motion (ROM). Flexibility is like strength: use it or lose it. An individual can lose flexibility through failure to stretch or challenge our range of motion. The best method of improving this component is to perform a number of stretches in a prescribed manner. Since stretching is very low intensity, we can and should stretch every day of the week and multiple times a day.

**Balance:** The ability to stay centered or to remain in a desired position. Our balance is affected in two ways. First, by affective perception, i.e., our body’s ability to sense when we are losing balance; and second, by our speed and capability to adequately respond to our temporary loss of balance. Interestingly, this ability is a function of our strength and flexibility. The less flexible we are, the more frequently we will lose our balance. The less strength we have, the more diminished our capacity to regain our lost balance. There are a number of exercises we can perform to improve both affective sensibility and corrective balance behaviors. Most of these can be performed daily.

**Nutrition/Hydration:** Each person is different. Your age, activity level, and body type all determine how many and what type of nutrients your body needs. Our staff nutritionist and [mypyramid.gov](http://mypyramid.gov) are both resources that can help you determine a proper diet for your life style and fitness goals. A sample Food Pyramid from [mypyramid.gov](http://mypyramid.gov) is shown on the back of this page. This pyramid is catered towards an individual on a 2000 calorie a day diet. In addition to your nutrition needs, it is also recommended to drink at least 64 ounces of water per day.



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# PERSONAL TRAINING AT THE LODGE DES PERES

314-835-6180 – WWW.THELODGEDESPERES.COM – 1050 DES PERES ROAD; 63131



## - EXPERIENCE THE DIFFERENCE -

EXPERIENCE THE DIFFERENCE with Personal Training at The Lodge Des Peres! All of our trainers are nationally certified professionals here to help their clients fit FITNESS into their busy lifestyles to get results. Each new client will receive a comprehensive fitness assessment to evaluate their current level of fitness and an individualized exercise program. Payment is required before services are rendered (Cash, Check, Visa, MasterCard and Discover accepted). Appointments and payments are taken in The Lodge Fitness Center.

### **NEW CLIENT 3 SESSION SPECIAL - \$119**

This option is available for all NEW clients to our personal training program. The new client special is 3 sessions with a personal trainer. The first session will be a fitness assessment with the remaining two appointments executing the exercise program that has been designed for you. This special is only available once to a new client.

### **ONE-ON-ONE PERSONAL TRAINING**

Youth and adults can choose 60, 45 or 30 minutes to train with a nationally accredited personal trainer (*30-minute sessions are designed for youth or someone who is just beginning an exercise program and not physically ready for the intensity of more than 30 minutes, or someone who wants a specialty session such as 30 minutes of stretching*). The 26-week program is designed for anyone that wants to get serious about making some permanent changes to their lifestyle. Package includes multiple assessments, 26 training sessions in six months, nutrition tips and professional advice and technique.

INDIVIDUAL PACKAGE TYPE	MEMBER/RESIDENT			NON-MEMBER/NON-RESIDENT		
	60 MINUTES	45 MINUTES	30 MINUTES	60 MINUTES	45 MINUTES	30 MINUTES
1 SESSION (current clients only)	\$60	\$47	\$33	\$70	\$55	\$39
3 SESSION PACK	\$180	\$142	\$99	\$210	\$165	\$116
6 SESSION PACK	\$330	\$260	\$182	\$390	\$307	\$215
9 SESSION PACK	\$450	\$354	\$248	\$540	\$425	\$297
26 SESSION PACK*	\$1275*	Not Available		\$1275*	Not Available	

\*Payment options are available; please contact the fitness supervisor at 314-835-6180.

### **GROUP TRAINING – Minimum of 2 people per session, Maximum of 6 people per session**

Price is per person. Group Training is great for friends, co-workers, family members wanting to get in shape together in a fun, personalized environment. Packages are now available in 60, 45 or 30 minute length sessions.

GROUP PACKAGE TYPE	MEMBER/RESIDENT			NON-MEMBER/NON-RESIDENT		
	60 MINUTES	45 MINUTES	30 MINUTES	60 MINUTES	45 MINUTES	30 MINUTES
3 SESSION PACK	\$105	\$83	\$58	\$135	\$106	\$74
6 SESSION PACK	\$180	\$142	\$99	\$240	\$189	\$132
9 SESSION PACK	\$225	\$177	\$126	\$270	\$216	\$149

### **YOUTH FITNESS ORIENTATIONS - \$45/Member or Resident; \$50/Non-Member or Non-Resident**

Youth Fitness Orientations are designed for youth ages 12-15 years wishing to use the fitness center. Youth ages 12-13 must attend the orientation with a parent/guardian. Price is per child. Each additional child is \$10, with a maximum of 5 youth per orientation. Allow 1.25 hours for 1-2 youth and 2 hours for 3-5 youth.

### **COMPLIMENTARY FITNESS ORIENTATIONS – FREE FOR ALL NEW MEMBERS**

Complimentary Fitness Orientations are available free of charge for all new members. The orientation is conducted by a trainer or fitness desk associate and will orientate the member to the equipment in the fitness center as well as the procedures and policies. We encourage all new members to participate in this service designed to assist members in getting safely started on their fitness routines. Each orientation is 45 minutes in length. Please stop by the fitness desk or call 314-835-6180 to make an appointment today!

### **OTHER SERVICES**

Fitness Assessment - \$70/Member or Resident; \$81/Non-Member or Non-Resident

Body Fat Testing - \$20/Member or Resident; \$23/Non-Member or Non-Resident

Additional Nutritional Counseling Packages Available Soon