



CITY OF CAMPBELL RIVER, RECREATION AND CULTURE PERSONAL TRAINING CLIENT INFORMATION PACKAGE

Date: _____ Preferred Trainer:

ASSESSING YOUR NEEDS:

All information received on this form will be treated as strictly confidential. Please fill out the forms as accurately as possible. This information is essential to develop a program that addresses your needs, goals and interests and that is safe and effective.

Name: _____				Date of Birth: ____/____/____			Age: _____		
				D		M		Y	
Address: _____									
Street			Apt.		City		Postal Code		
Preferred Phone # _____				Alternate Phone # _____					
Email Address: _____									
Occupation: _____									
Physician's Name: _____				Physician's Phone: _____					
Physician's Address: _____									
Street			Suite		City		Postal Code		

Please Note:

We require 24 hours notice if you are unable to keep an appointment or you will be charged for one training session.

**Email: recreationandculture@campbellriver.ca
Phone: Sportsplex - 250-923-7911 or
Campbell River Community Centre - 250-286-1161**



Goal Setting:

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

- S** = Specific (Provide details, how long, how much, etc.)
- M** = Measurable (How will you measure whether you've reached your goals)
- A** = Attainable (Be realistic, set smaller goals)
- R** = Relevant (Make the following goals specific to Health and Fitness)
- T** = Time Frame (Set specific dates for goals)

1. Please list in order of priority, what fitness goals you would like to achieve in the next 3-6 months?

- a) _____
- b) _____
- c) _____

2. Please list in order of priority, what fitness goals you would like to achieve in the next 1-2 years?

- a) _____
- b) _____
- c) _____

3. How will you feel once you've achieved your short and long term goals? Be specific.

4. Why do you want a Personal Trainer? What is most important to you about this service?

5. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (ie: not training consistently, not following the program, allowing other responsibilities to become a priority over exercise).

6. Outline three methods that you plan to use to overcome these obstacles:

- 1. _____
- 2. _____
- 3. _____

PERSONAL TRAINING QUESTIONNAIRE

Name _____ Date _____

Fitness Related Questions

1. On a scale of 1-10, how would you rate your present fitness level?
2. How often do you take part in physical activities?
 5-7 x/week 3-4 x/week 1-2 x/week Not in past 6 months
3. If your participation is lower than you would like it to be, what are the reasons?
 Lack of interest Illness/Injury Lack of Time Other _____
4. What physical or fitness activities have you enjoyed and been successful with in the past?

5. What fitness activities are you presently involved in? (Include Frequency, length of sessions and intensity level)

Lifestyle

6. On a scale of 1-10, how would you rate your stress level?(1 = very poor, 10 = excellent)
7. On a scale of 1-10, how would you rate your Nutrition? (1 = very poor, 10 = excellent)
8. List three areas of your Nutrition you would like to improve: _____

9. Does your occupation require any physical activity? 1 hour/day 4 hours/day All day
10. What are your usual leisure activities? _____

Developing a Program

11. Please indicate how you prefer to exercise: INSIDE OUTSIDE COMBINATION
 LARGE GROUPS SMALL GROUPS MORNING AFTERNOON.
12. How many times per week would you like to exercise? _____ x/week
13. How much time per session? _____
14. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List favourite activities, rest days, time spent etc.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

HEALTH HISTORY FORM

Name _____ Date _____

Are you taking any medications? If so, please list medication, dose and reason: _____

When did you see your physician last? _____

Does your physician know that you are participating in this exercise program? Yes No

Do you sleep well? Yes No How many hours per night? _____

Do you have children? Yes No How many? _____

Natural or C-Section Delivery? (If applicable) _____

Do you know, or have you had in the past? Yes No

- History of heart problems, chest pain or stroke → _____
- High blood pressure → _____
- Asthma, breathing or lung problems → _____
- Diabetes or thyroid condition → _____
- Any chronic illness or condition → _____
- Knee problems → _____
- Hip problems → _____
- Shoulder problems → _____
- Back problems or neck problems → _____
- Tendinitis → _____
- Varicose veins → _____
- Advise from physician not to exercise → _____
- Recent surgery (last 12 months) → _____
- Pregnancy (now or within last 3 months) → _____
- Increased blood cholesterol → _____
- History of heart problems in immediate family → _____
- Cigarette smoking habit → _____
- Difficulty with physical exercise → _____
- Obesity (more than 20% over ideal body weight) → _____
- Epilepsy → _____
- Hernia (or any other condition that may be aggravated by lifting weights) → _____

Please explain any "yes" answers or anything not mentioned.

Please note: If you answer YES to one or more questions you may be required to provide a Doctor's note prior to starting an exercise program.

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training program offered by the Sportsplex Personal Training Program. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and obtained his/her approval for my participation in this program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program.

I agree that the Sportsplex Personal Training Program shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home or a health club, or corporate, commercial, residential or other fitness facility) and I expressly release and discharge the Sportsplex Personal Training Program, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term.

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form.

I have read and understand this term.

3) I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term.

4) I understand that should I feel lightheaded, faint, dizzy, nauseated or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer or any employee.

I have read and understand this term.

5) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions.

I have read and understand this term.

6) I understand that the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term.

7) I understand that all sessions are 55 minutes and should I arrive late, there is no guarantee I will receive the full session with my trainer.

I have read and understand this term.

8) I understand that once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Payments can be made at the front desk of the Sportsplex.

I have read and understand this term.

9) *I understand that the Recreation and Culture Personal Training Program works on a scheduled appointment basis and thus, requires that I provide 24 hours notice when canceling an appointment. No change will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, then I will be charged for that session.*

I have read and understand this term.

IMPORTANT: Do not sign this document until you have reviewed it with you Personal Trainer and are satisfied with the answers to your questions. I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with knowledge of its significance.

_ CLIENT

_ PERSONAL TRAINER

_ DATE

_ DATE

If unable to submit, please print completed form and return to our offices at the Sportsplex or Community Centre