City of Campbell River

PERSONAL TRAINING
CLIENT INFORMATION PACKAGE

All information received on these forms 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.

CLIENT INFORMATION

FIRST NAME:		**LAST NAME:**		**AGE:**	
ADDRESS:					
CELL/PHONE:		**BIRTHDATE:**			
ALT PHONE:		**EMAIL:**			
PREFERRED METHOD OF COMMUNICATION:	☐ **CALL ME** ☐ **TEXT ME** ☐ **EMAIL ME**				
OCCUPATION: **(IF RETIRED, WHAT WAS YOUR PREVIOUS OCCUPATION)?**					
PREFERRED TRAINER:	☐ **NO** ☐ **YES** TRAINER NAME or NOTES: _____				

IDEAL TRAINING DAYS AND TIMES (your availability for training will determine which trainers are available for you)

MON	TUE	WED	THU	FRI	SAT	SUN

PHYSICIAN INFORMATION

PHYSICIAN NAME:		**PHYSICIAN PHONE:**	
CLINIC NAME:			
CLINIC ADDRESS:			

PERSONAL TRAINING FEES

1 SESSION	$75
3 SESSIONS	$210
5 SESSIONS	$325

OUR PERSONAL TRAINERS ARE PROVINCIALLY OR NATIONALLY CERTIFIED.
TRAINING SESSIONS ARE 60 MINUTES IN LENGTH.

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

Please contact your personal trainer directly to change or cancel your appointment.

For more information please contact the Sportsplex
Phone: 250.923.7911 | Email: recandculture@campbellriver.ca

The City of Campbell River is collecting this personal information pursuant to s.26 of the Freedom of Information and Protection of Privacy Act, for the following purpose: 26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250.286.5700.

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.)

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

A) _____

B) _____

C) _____

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

A) _____

B) _____

C) _____

PERSONAL TRAINING QUESTIONNAIRE

FITNESS

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 times/week ☐ 3-4 times/week ☐ 1-2 times/week ☐ Not in the 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 type of 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? _____
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. What are your usual leisure activities?

   _____

DEVELOPING A PROGRAM

10. Please check off how you prefer to exercise (check all that apply):

    ☐ INSIDE ☐ OUTSIDE ☐ COMBINATION ☐ LARGE GROUPS ☐ SMALL GROUPS

    ☐ MORNING ☐ AFTERNOON

11. How many times per week would you like to exercise? _____
12. 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

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

_____

When did you last see your physician? _____

When was your last physical? _____

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

Do you now, or have you had in the past:

History of heart problems, chest pain or stroke	☐ Yes ☐ No
High blood pressure	☐ Yes ☐ No
Asthma, breathing or lung problems	☐ Yes ☐ No
Diabetes or thyroid condition	☐ Yes ☐ No
Any chronic illness or condition	☐ Yes ☐ No
Knee problems	☐ Yes ☐ No
Hip problems	☐ Yes ☐ No
Shoulder problems	☐ Yes ☐ No
Back problems or neck problems	☐ Yes ☐ No
Tendonitis	☐ Yes ☐ No
Varicose veins	☐ Yes ☐ No
Advice from physician not to exercise	☐ Yes ☐ No
Recent surgery (last 12 months)	☐ Yes ☐ No
Pregnancy (now or within last 3 months)	☐ Yes ☐ No
Increased blood cholesterol	☐ Yes ☐ No
History of heart problems in immediate family	☐ Yes ☐ No
Cigarette smoking habit	☐ Yes ☐ No
Difficulty with physical exercise	☐ Yes ☐ No
Obesity (more than 20% over ideal body weight)	☐ Yes ☐ No
Epilepsy	☐ Yes ☐ No
Hernia, or any other condition that may be aggravated by lifting weights	☐ Yes ☐ No

Please explain any "yes" answers or add additional health concerns not listed:

_____

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 assignees 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 assignees. **I have read and understand this term: _____ (initial)**

2) 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: _____ (initial)

3) 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: _____ (initial)

4) 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: _____ (initial)

5) 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: _____ (initial)

6) I understand that all sessions are 60 minutes and should I arrive late, there is no guarantee I will receive the full session with my personal trainer.
I have read and understand this term: _____ (initial)

7) 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: _____ (initial)

8) I understand that the Sportsplex 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: _____ (initial)

IMPORTANT: Do not sign this document until you have reviewed it with your 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 NAME: _____ PERSONAL TRAINER NAME: _____

DATE: _____ CLIENT/PARENT/GUARDIAN SIGNATURE: _____

If the client is under the age of 19, a parent or guardian signature is required.