

All information received on this form will be treated as strictly confidential.

Personal Trainer: _____

Last Name: _____ Address: _____ <input type="checkbox"/> Home Phone: _____ <input type="checkbox"/> Cell Phone: _____ (Please check which of the above numbers is best to reach you.) Fax: _____ Facility: _____ Emergency Name and Number: _____ Physician: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Phone Number </div> <div style="border-top: 1px solid black; margin-top: 10px;"> Address </div>	First Name: _____ Postal Code: _____ Date: _____ <input type="checkbox"/> Bus. Phone: _____ <input type="checkbox"/> Email: _____ Occupation: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Birth date: _____ If you do not have a B Active Pass, would you be interested in finding out more? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Fitness Related Questions

On a scale of 1 to 10, how would you rate your present fitness level (1:worst—10:best)? _____

Are you satisfied with your current level of fitness? ☐ Yes ☐ No

How often do you currently participate in physical activity?

☐ 5-7 times/week ☐ 3-4 times/week ☐ 1-2 times/week ☐ not in the past 6 months

If active, list your activities (Cardio, Sports, Strength Training, Stretching).

Activity	Frequency/Week	Average Time	Easy/Moderate/Hard

Goal Setting

In order to increase your chances of being successful at achieving your goals, our Personal Trainers believe all your goals must be 'SMART' – Specific, Measurable, Attainable, Relevant, and Time calibrated.

Check what goals you would like to accomplish.

- | | | |
|--|--|---|
| <input type="checkbox"/> Reduce Fat
<input type="checkbox"/> Tone Muscles
<input type="checkbox"/> Improve Sport Specific Skills
<input type="checkbox"/> Increase Flexibility
<input type="checkbox"/> Improve Cardiovascular Fitness | <input type="checkbox"/> Build Muscle Mass
<input type="checkbox"/> Improve Exercise Technique
<input type="checkbox"/> Increase Motivation
<input type="checkbox"/> Improve Health
<input type="checkbox"/> Improve eating habits | <input type="checkbox"/> Pre/post natal care
<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Reduce Stress
<input type="checkbox"/> Add Variety to Exercise Regime
<input type="checkbox"/> Other: _____ |
|--|--|---|

Please rate on a scale from 1 to 10 how important it is for you to reach your goal(s) _____

How would you like us to monitor your progress?

- ☐ Body Weight
- ☐ Girth Measurements
- ☐ Fat Testing through skin fold measurements
- ☐ Training Log Book
- ☐ Other, please specify _____

Integrating YOUR Ideal Fitness Program into your week

What would an ideal exercise and work week look like for you? Please be specific. List your favourite classes, work outs, machines, activities, rest days etc.?

Days	Approximate Work Hours	Other Commitments	Your Ideal Time & Type of Exercise
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Help Us To Help You

What potential obstacles, actions, behaviors, activities etc., do you feel could slow your progress toward your goals?

- ☐Lack of interest
- ☐Boredom of exercise
- ☐ Illness or injury: Please note any injury that has occurred within the past 2 years _____
- ☐Lack of time
- ☐Motivation
- ☐Other: _____

Do you have a plan to overcome these obstacles? ☐ No ☐ Yes – describe plan below

What do you expect from a personal trainer?

How can your personal trainer motivate you?

Are there any programs or services that we do not offer that you would like us to offer?

Lifestyle and Behaviour Related Questions

Overall, how would you rate your nutrition? ☐ Low ☐ Medium ☐ High

1. Do you consistently and regularly eat four to five “meals” a day? ☐Yes ☐No
2. Do you drink 8 glasses of water each day? ☐Yes ☐No
3. Do you eat at least 4 servings of bread, cereal, rice or pasta per day? ☐Yes ☐No
4. Do you eat at least 2 servings of fruit per day?..... ☐Yes ☐No
5. Do you eat at least 3 servings of vegetables per day? ☐Yes ☐No
6. Do you have at least 2 servings of quality protein per day? ☐Yes ☐No
7. Do you eat foods high in saturated fat, high in refined sugar and/or high in salt content more than 2-3 times a week?
☐ No ☐Yes - please specify _____
8. How many cups of coffee do you have per day? ☐0 ☐1-2 ☐3-5 ☐more than 6
9. How many glasses of alcohol do you drink per week? ☐ 0 ☐1-2 ☐ 3-5 ☐6-9 ☐ more than 10
10. Do you take vitamins or supplements? ☐ No ☐Yes, please list: _____

Do you smoke? ☐ No ☐ Yes, indicate how many per day _____ number of years _____

How many hours do you regularly sleep at night? _____

- How would you rate the quality of your sleep? ☐ Low ☐ Medium ☐ High
- How would you rate your energy in the morning? ☐ Low ☐ Medium ☐ High
- How would you rate your energy in the afternoon? ☐ Low ☐ Medium ☐ High
- How would you rate your energy in the evening? ☐ Low ☐ Medium ☐ High
- How would you rate your stress levels? ☐ Low ☐ Medium ☐ High

How do you cope with stress? _____

PAR Q: Physical Activity Readiness Questionnaire

Please check Yes or No to the following questions.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your chest, when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had pains in your chest when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance owing to dizziness or do you ever lose consciousness before, after or during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone or joint conditions that may affect your exercise program (i.e. diabetes, epilepsy, back problems, respiratory ailments etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical condition that may affect your exercise program?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hospitalized in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you trying to get pregnant, pregnant or given birth in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently seeing a physiotherapist?	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked YES to any of the above, please give specific details below.
(Note that you may be required to get a letter of permission from your doctor to participate in an exercise program.)

Do you take any medications (either prescription on non-prescription) on a regular basis?

☐ No

☐ Yes, what is the medication for?

How does it affect your ability to exercise?

Thank you for taking time to complete this information package. Your information will make it easier to design a program that suits your needs, fits your lifestyle and includes activities that you enjoy. We will also know how to support you, if any obstacles may arise.

Good Luck and Enjoy!

PARTICIPANT AGREEMENT



I, _____, wish to participate in The City of Burnaby Personal Training program offered by The City of Burnaby. I understand there are some 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 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.

1. 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.
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 ongoing, which might affect my ability to exercise safely and with minimal risk of injury.
3. I understand that should I feel light headed, faint, dizzy, nauseated or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer or any City of Burnaby employee or volunteer.
4. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that is my right to refuse such participation at any time during my Personal Training session.
5. I understand the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and out side of the Personal Training session.
6. I understand that all Personal Training sessions are 60 minutes in duration with a grace period of five minutes. Should I arrive late there is no guarantee that I will receive the full session with my trainer.
7. I understand that The City of Burnaby bills its Personal Training clients on a pre-pay basis. Payment is to be made to The City of Burnaby at any City of Burnaby Recreation facility prior to the sessions being conducted.
8. I understand that The City of Burnaby Personal Training Program works on a schedule appointment basis and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. However, should I cancel a session with LESS than 24 hours prior notice, or fail to show for a scheduled session without any notification, then I will be charged for that session.
9. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training sessions must be redeemed within 3 months of purchase.
10. I understand that my Personal Training sessions are to be completed in attendance with my trainer and do not include privileges to any City of Burnaby Recreation facility outside my allotted time.

I have read this Release and Terms of Agreement and understand all of its terms. I sign it voluntarily and with knowledge of its significance.

Client

Date

Personal Trainer

Date

Parent/Guardian Name
(If Client under 19 years of age)

Parent/Guardian Signature
(If Client under 19 years of age)

**WAIVER, RELEASE, AND INDEMNITY
FOR ADULT PARTICIPANTS NINETEEN (19) AND OLDER**
(Read Carefully Before Signing)

BETWEEN: The City of Burnaby (the City)

AND: _____
(The Participant)

The City requires this form to be completed as a means of confirming that every participant has considered and is aware of the duty they owe to themselves and to all other participants to be informed and aware of the risks inherent in the chosen activity and to carefully consider those risks against their personal ability and level of fitness. This is for the protection of the Participant, other participants, the public, and the City.

I, THE UNDERSIGNED Participant, do hereby acknowledge that I am aware that there are elements of risk inherent to this or any activity; that I have informed myself to my own satisfaction of the nature of the risks inherent to the particular program or activity named below and agree as follows:

PARTICIPANT TO INDEMNIFY AND SAVE HARMLESS:

That in consideration of the fee to be paid and instruction or other services to be provided, and excepting only the sole negligence of the City, I hereby agree to Indemnify and Save Harmless the City and its officers, servants, agents, and co-sponsoring organizations from any claims, demands, and causes of action that may arise out of my participation in the program named below.

PARTICIPANT TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, and excepting only the sole negligence of the City, I hereby Release, Waive, and forever discharge the City and its officers, servants, agents, and co-sponsoring organizations, from all claims, costs, causes of action, or demands that may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person by or through my participation in the program identified below.

Program Name: (or see attached)

Program Type:

Co-Sponsors:

Program Dates:

Location:

DATED THIS _____ day of _____, 20____.

(Signature of Participant)

(Reviewed by Staff as to Completeness)