

PERSONAL TRAINING CLIENT INFORMATION PACKAGE



2168 Phillips Rd
Sooke, BC V9Z 0Y3
www.seaparc.ca

Thank you for completing this package, we will contact you to book your session and get you started.
Please forward any questions to Jenna Kurylo, Fitness Coordinator at 250-642-8000 or jkurylo@crd.bc.ca

CONTACT INFORMATION

NAME: _____

PHONE: _____ E-MAIL: _____

SESSION REQUESTS

TRAINER PREFERENCE: M F or NAME of Trainer: _____

Number of Sessions Requested: 3 Sessions 6 Sessions 12 Sessions

Days and times preferred: _____

PERSONAL TRAINING SESSION INFORMATION

Our guidelines for participation are as follows:

1. Personal Training requires payment in full at Reception prior to your first session. Please meet your trainer in the lobby for the initial session.
2. **72 hours cancellation notice is required to reschedule your session.** Less than 72 hours' notice will result in a charge for the missed session.
3. **Sessions expire 6 months after the date of purchase.**
4. Many sessions are booked back to back, it is very important to be on time for your session. If you arrive late for a session, it will still end at the scheduled time. If the trainer arrives late, you will receive a full hour.
5. To optimize your session, please come on time and prepared to exercise. Dress appropriately including close toed shoes and comfortable clothes. Bring a spill proof water bottle and towel.
6. Eat before you come as working out on an empty stomach may cause dizziness and premature fatigue.
7. It is your responsibility to inform your personal trainer of any changes in your health which may affect your ability to exercise safely with minimal risk of injury.
8. If you feel light headed, faint, dizzy, nauseated or experience pain or discomfort stop the activity and inform your personal trainer.

PERSONAL TRAINING PACKAGES @ SEAPARC

Designed with you in mind, personal training at SEAPARC Recreation Centre will help you achieve your goals. Our qualified team will customize workouts to meet your needs and abilities. Whether a beginner or seasoned athlete we can support your fitness goals with our expertise! Work one-on-one or with a family member.

Pricing (plus tax)

Private

3 Sessions	\$159
6 Sessions	\$306
12 Sessions	\$600

Semi-Private (2 people)

3 Sessions	\$99/person
6 Sessions	\$186/person
12 Sessions	\$324/person

Weight Room Orientations

Private session \$50
Semi-private session \$37/person
Group orientations also available.
Please see our website or ask at reception.

MEDICAL INFORMATION

Please complete the attached **Get Active Questionnaire** to the best of your knowledge. Medical clearance may be required to proceed with personal training.

EMERGENCY CONTACT: _____ **PHONE:** _____

Have you been active in the last year? Yes / No **Do you Smoke?** Yes / No **If yes, how much?** _____

How many times per week do you currently exercise? _____

What type of exercise? _____

Do you have any allergies? _____

Please outline your top 3 fitness goals: _____

Do you have any joint or muscle injuries or concerns? _____

Do you have any chronic illness? (Please check all that apply and explain below)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Migraines | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Obesity | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Cholesterol | |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hernia(s) | <input type="checkbox"/> Other: _____ | | |

Please give details of all above conditions (if applicable): _____

Please list and provide details on any prescription medication you are taking: _____

The personal information contained on this form is collected in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act, and will only be used for the purpose for which it is collected. If you have questions about the collection and/or use of this information, please contact Shari Mason, Administration Services Coordinator, SEAPARC Recreation Centre, 250-642-8000, smmason@crd.bc.ca, 2168 Phillips Rd.

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. **This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.**

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months?**

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ➤

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> YES</p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> YES</p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> YES</p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> YES</p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the **ADVICE** for your **YES** response, go to **Page 2** of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ csep.ca/certifications

CSEP Certified members can help you with your physical activity goals.

▶ csep.ca/guidelines

Canadian Physical Activity Guidelines for all ages.



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PERSONAL TRAINING INFORMED CONSENT

Thank you for choosing programs at SEAPARC. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following Informed Consent Agreement.

I _____,

declare that I intend to use some or all of the activities, facilities, programs, and services (Herein after called "Activities") offered by SEAPARC and I understand that each person(myself included), has a different capacity for participating in such Activities. I am aware that all Activities offered are either educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in any of the Activities of SEAPARC. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the activities and I realize that I should do so on recognition of any signs of physical discomfort which may include: transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the possible risks involved in participating in a fitness training program may include: muscle, tendon, ligament, bone and joint soreness, muscles, tendon and ligament strain, tear or rip, bruising, skin lacerations, tears, cuts or punctures, shortness of breath, dizziness, fainting or unconsciousness, tightness in chest, bone breaks, discoloration, separations, or fractures, fatigue, sweating, eye punctures, heart attack, stroke, or even death, aggravation of an existing or past injury, discomfort, or problem with any other injury, discomfort or physical problem associated with physical activity.

I have read the above list of possible risks associated with the fitness program developed and implemented by a certified fitness trainer employed by SEAPARC.

I consent to taking all of the above noted risks by VOLUNTARILY PARTICIPATING in the fitness program designed and implemented by a certified fitness trainer employed by SEAPARC.

I understand that 72 hours' notice is required to reschedule my appointments and less than 72 hours' notice will result in a charge for the missed session.

I understand that sessions expire 6 months after the purchase date.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

To be completed at first session with your trainer:

Participant Signature: _____

Date: _____

Parent/Guardian (if under 18): _____

Date: _____

Witness: _____

Date: _____