



Personal Training Client Package

This package must be completed in full and submitted to Reception.

We will contact you within 72 hours of receiving your package to set up your personal training sessions and to receive payment.

Included in this package:

- ✓ Health History Form
- ✓ Informed Consent Form
 - ✓ Par Q Form
- ✓ Session Information Form
- ✓ Personal Training Information Form
 - ✓ Pricing Information

24 hours' notice is required for all missed appointments
Tickets expire 12 months after 1st appointment

Office Use Only

Date package received at Reception _____ Staff Initials _____
Logged in Spreadsheet
Scan/Send to Fitness Coordinators Forward Original to Coordinators
Date Client contacted by phone
Package Purchased _____ Receipt # _____

Please call 250.655.2184 or 2189 if you have any questions

Health History Form

To be completed in full prior to arranging Personal Trainingsessions

This confidential information will assist in providing a top quality personal exercise program. All sections must be complete or answered to the best of your ability before sessions can begin.

Name:	<input type="text"/>	Birth Date:	<input type="text"/>
Phone #:	<input type="text"/>	Email:	<input type="text" value="Type text here"/>
Gender:	<input type="text"/>		
Emergency Contact:	<input type="text"/>	Phone #:	<input type="text"/>

1. Do you have any chronic illnesses? Please check all that apply and explain below.

- | | | | | | |
|--------------------------|---------------------|--------------------------|-------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Fibromyalgia | <input type="checkbox"/> | Thyroid Conditions |
| <input type="checkbox"/> | Chronic Fatigue | <input type="checkbox"/> | Stroke | <input type="checkbox"/> | Osteoporosis |
| <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Obesity | <input type="checkbox"/> | Stress |
| <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | Heart Conditions |
| <input type="checkbox"/> | Migraines | <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> | Hernia(s) |
| <input type="checkbox"/> | Seizures | <input type="checkbox"/> | Lung Conditions | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Arthritis | <input type="checkbox"/> | Kidney Conditions | | |
| <input type="checkbox"/> | Diabetes | | | | |

2. Please list and explain any prescription medications you are taking.

3. Please list and explain any over the counter medications or supplements you are taking.

Health History Form

To be completed in full prior to arranging Personal
Trainingsessions

4. Have you had any joint or muscle injuries and/or concerns? Please check all that apply and explain below.

- | | | | | | |
|--------------------------|------------|--------------------------|--------|--------------------------|-------|
| <input type="checkbox"/> | Neck | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | Arms |
| <input type="checkbox"/> | Shoulder | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | Legs |
| <input type="checkbox"/> | Upper Back | <input type="checkbox"/> | Hips | <input type="checkbox"/> | Chest |
| <input type="checkbox"/> | Mid Back | <input type="checkbox"/> | Knees | <input type="checkbox"/> | Foot |
| <input type="checkbox"/> | Lower Back | <input type="checkbox"/> | Ankles | | |

5. Briefly, outline any surgeries.

6. Do you smoke?

If yes, how much

7. Have you been active in the last year?

If no, how long have you been inactive?

How familiar are you with the weight room equipment?

On a scale of 1-10 (1 being very low) rate your current fitness level

8. Please outline 3 fitness goals in order of priority.

9. What are some obstacles you may encounter before reaching these goals?

Informed Consent Form

Thank you for choosing to use the activities, programs or services at Panorama Recreation. 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 Panorama Recreation 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 Panorama Recreation. 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 Panorama Recreation.

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 Panorama Recreation.

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: _____

Date: _____

Parent/Guardian (if under 18):

Date: _____

Witness _____

Date: _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. 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"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- ∨ You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ∨ Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ∨ start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- ∨ take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- ∨ if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- ∨ if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Panorama Recreation Centre

Personal Training

At Panorama, our patrons have numerous commitments and may be on tight schedules. There may be the occasional time where a scheduled training appointment will need to be changed. We will do our best to accommodate these situations. However, we have some guidelines in an effort to keep our patrons on track with their training and to avoid frustrating situations.

- Dress appropriately for the activity you will engage in. Please wear appropriate foot- wear (no open-toed shoes). Clothing should be comfortable, but not too loose (to avoid getting caught in moving parts on machines).
- Bring a water bottle and towel with you.
- Eat before you come. Proper nutrition is the foundation of a healthy body. Working out on an empty stomach may cause dizziness and premature fatigue.
- Answer the questions on the Medical/ParQ form to the best of your knowledge. Medical clearance is required if you have any medical problems and have answered yes to any of the questions on the medical release form.
- If you feel light headed, faint, dizzy, nauseated or experience pain or discomfort stop the activity and inform your personal trainer.
- The results of any fitness program cannot be guaranteed. Your progress depends on your effort and cooperation in and outside of the sessions.
- It is your responsibility to inform your personal trainer of any conditions or changes in your health which might affect your ability to exercise safely with minimal risk of injury.
- 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.

It is important for us to respect our instructors' work schedules. Therefore, we ask that you provide a **minimum of 24 hours' notice** if you are unable to attend an appointment. Less than 24 hours' notice will result in a charge for the missed session.

We are committed to help you reach your health and fitness goals. By adhering to the above we can make it happen.

I understand the policies set out above.

To be completed at first session with your trainer:

Participant: _____

Date: _____

Trainer: _____

Date: _____

Session Information Form

To be completed in full prior to arranging training sessions.

1. How many times a week would you like to work with your trainer?

2. How many times a week would you like to work on your own?

3. What days and time work best for you to meet with your trainer? Please check all spaces that apply.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>	6 - 9 am <input type="checkbox"/>
9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>	9 am - 12 pm <input type="checkbox"/>
12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>	12 - 5 pm <input type="checkbox"/>
5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>	5 - 9:30 pm <input type="checkbox"/>

4. Is there a particular trainer you would like to work with?

5. Please check the package you have in mind.

 Orientation 3 private sessions 3 semi-private sessions Semi-private Orientation 6 private sessions 6 semi-private sessions 12 private sessions 12 semi-private sessions

6. Where did you hear about our personal training services?

Weight Room Pricing Information

Private Training with a BCRPA Registered Personal Trainer (one trainer and one client)

3 private, 1 hour sessions - \$142

6 private, 1 hour sessions - \$261

12 private, 1 hour sessions - \$483

Semi-private Training with a BCRPA Registered Personal Trainer (one trainer and two clients)

3 semi-private, 1 hour sessions, \$94/person

6 semi-private, 1 hour sessions, \$179/person

12 semi-private, 1 hour sessions, \$308/person

Weight Room Orientation with a BCRPA Registered Weight Trainer

(One trainer and one client)

1 session, \$58

Semi-private Weight Room Orientation with a BCRPA Registered Weight Trainer

(One trainer and two clients)

1 session, \$37/person*

*Please ensure you have paid for your training session in full prior to your first training session.



Submit by Email

Print Form