



## Personal Training Package

### Registration Process

**Step 1:** Register in person at the False Creek Community Centre or by phone at 604-257-8195.

**Step 2:** Fill out the Personal Training Package and the applicable PAR-Q Form and Consent Form.

**Step 3:** Once your forms have been submitted you will be contacted within 3-5 business days by your personal trainer. Training can take place any time during False Creek's fitness centre operating hours based on trainer's availability. The referral process will not begin until your forms are submitted and payment received. The information received on this form will be treated as strictly confidential. Please fill out the forms as completely and accurately as possible. This information is essential in assisting your trainer to develop a program that addresses your needs, goals, and interests in a safe and effective manner.

Full Name:	Today's Date:
Age:	Date of Birth:
Address:	Occupation:
Phone:	Email:

Emergency Name:	Emergency Contact:	Relationship:
-----------------	--------------------	---------------

Physician's Name:	Physician's Phone:
Physician's Address:	

Trainer Preference:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> None
---------------------	-------------------------------	---------------------------------	-------------------------------

Trainer's Name:
-----------------

### Scheduling Preference (Circle If Any):

<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
------------------------------	-------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

<input type="checkbox"/> Early Morning 6:30-9:00AM	<input type="checkbox"/> Late Morning 9:00AM-12:00PM	<input type="checkbox"/> Afternoon 12:00-5:00PM	<input type="checkbox"/> After Work 5:00-8:00PM	<input type="checkbox"/> Evening 8:00-9:30PM
---	---	--	--	---

### The type of trainer I'm looking for is:

--

<input type="checkbox"/> If you are between 15 and 69 years old, please fill out attached PAR-Q form.	<input type="checkbox"/> If you are 70 years or older please fill out the PAR Med-X with your physician.	<input type="checkbox"/> If you are pregnant please fill out the PAR Med-X for Pregnancy with your physician.
---	--	---



## Health and Fitness Questionnaire

1. Are you presently involved in a regular exercise program? If yes, please state the duration, frequency, intensity and type of activities.

--

2. How active do you consider yourself?

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Sedentary | <input type="checkbox"/> Lightly Active | <input type="checkbox"/> Moderately Active | <input type="checkbox"/> Highly Active |
|------------------------------------|---|--|--|

Comments:

--

3. How would you describe your nutrition habits?

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|-------------------------------|-------------------------------|-------------------------------|

Comments:

--

4. How would you characterize your life?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Highly Stressful | <input type="checkbox"/> Moderately Stressful | <input type="checkbox"/> Low In Stress |
|---|---|--|

Comments:

--

5. Please rate your knowledge of exercise and fitness.

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|-------------------------------|-------------------------------|-------------------------------|

Comments:

--

6. What type of activities/exercises do you enjoy doing?

--

7. What activities would you like to learn?

--

8. Please check 1-3 fitness goals:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve muscular strength       | <input type="checkbox"/> Increase flexibility | <input type="checkbox"/> Improve muscular endurance |
| <input type="checkbox"/> Sport-specific training        | <input type="checkbox"/> Weight control/body composition | <input type="checkbox"/> Injury prevention    | <input type="checkbox"/> Injury rehabilitation      |

9. Please provide details of your fitness goals:




## Personal Training Information

Thanks for choosing one of the False Creek certified Personal Trainers.

Please fill out the accompanying Physical Activity Readiness Questionnaire and the general health and fitness questionnaire and consent form. These will help the trainer design a program that will suit your needs. Once you have completed the enclosed information, please return it to the front desk staff at the False Creek Community Centre.

**Personal Training Packages: All these sessions are 1 hour program.**

### One Client

1 session \$ 42.00

3 sessions \$116.25

5 sessions \$185.00

10 sessions \$358.00

### Two Clients

3 sessions \$79.00 each client

5 sessions \$116.25 each client

10 sessions \$227.75 each client

### Pre-appointment Guidelines:

- Register for the package that works best for you, and submit the completed personal training package to the front desk.
- Your trainer will contact you as soon as possible to set up your first appointment.
- The initial consultation may be scheduled before your first workout, or it may be part of your first session.
- Based on your PAR-Q+ form, medical clearance from your physician may be requested prior to participation.

### Important Information:

- Admission to the fitness centre is included during sessions with your trainer.
- Sessions expire six months from the date of purchase. To get the best results, meet with your trainer regularly.
- There is a 24 hour cancellation policy and you may be charged for missed sessions. One client attending a semi-private workout is a completed workout session. Contact your trainer directly for: late arrival, cancellations, schedule change, etc. Please do not leave messages at the community centre. If you are more than 15 minutes late for your appointment, this will be considered a "No Show". Please discuss this with your trainer if you have any questions or concerns.
- Sessions are not refundable unless a physician note is submitted.
- Wear appropriate workout clothing such as: shorts, t-shirt, and proper athletic footwear.
- Bring a water bottle and a sweat towel.
- The False Creek Community Centre, Vancouver Park Board, and its agents/employees are not responsible for lost or stolen items.

**\*No Show: Our Trainers work on a tight schedule. Unfortunately, if you do not show up within 15 minutes of your scheduled start time, they will be unable to train you because of their scheduling demands.**

I have read and agree to the information above.

Signature:

Please submit these completed forms and your PAR-Q form to the front office. Your request will be processed as soon as possible. Thank you.



## Consent & Release

I, (Full Name)

Age

Of (Address)

Acknowledges as follows:

**1. I have applied to participate in;**

- A prescribed exercise program offered by the False Creek Community Centre.
- A program of fitness testing offered by the False Creek Community Centre.

**2. I have completed the "Physical Activity Readiness Questionnaire (PAR-Q)" and**

- Have truthfully answered all questions with a "NO"

**OR**

- Have answered one or more questions with a "YES", and I am attaching to this document a letter from my physician consenting to my participation in the program.

**3. I have been informed and fully understand that the participation in the program may involve certain risks to me and I agree to accept those risks.**

**I therefore give my consent to the False Creek Community Centre, the Board of Parks and Recreation, and its employees and authorized agents to perform the following procedures:**

- A. Anthropometric measurements: girth and skinfolds
- B. Cardiorespiratory tests
- C. Flexibility tests
- D. Strength and muscular endurance
- E. Other – please specify \_\_\_\_\_

**I waive any and all claims against the False Creek Community Centre, the City of Vancouver, the Board of Parks and Recreation, and their employees and authorized agents and release and discharge them, their successors and assigns, from any and all actions, causes of action, claims and demands which may arise in consequence of my participation in the Fitness Centre program irrespective of whether my death or injuries to me resulted from negligence by the aforesaid parties. This waiver and release is binding on my estate and my heirs.**

Signed in Vancouver, BC this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature also of parent or guardian, if necessary