



**FALSE CREEK COMMUNITY CENTRE
FITNESS CENTRE**

1318 Cartwright St. on Granville Island
Vancouver, B.C. V6J 3R8
Phone: (604) 257-8195



PERSONAL TRAINING PACKAGE

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 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 False Creek Community Centre.

Personal Training Packages: All these sessions are 1 hour program

For one client.

1 session	\$ 42.00
3 sessions	\$116.25
5 sessions	\$185.00
10 sessions	\$358.00

For two clients

3 sessions	\$79.00 each client
5 sessions	\$116.25 each client
10 sessions	\$227.75 each client

Pre-appointment Guidelines:

- * Submit completed information package and register for the package that works for you.
- * Your trainer will contact you as soon as possible to set 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 form your physician may be requested prior to participation.

IMPORTANT Information:

- Sessions expire six months from the date of purchase.
- Sessions are not refundable unless a physician note is submitted.
- If you are unexpectedly delayed immediately call the Centre at (604) 257-8195 or contact your trainer directly. Otherwise, if you are more than 15 minutes late for your appointment, this will be considered a "No Show*".
- Our trainers require 24 hours notice for any changes of time or date of your appointment. Please discuss this with your trainer if you have any concerns.

Before your first appointment:

- Eat a light snack such as fruit, yogurt or a bagel and drink 1-3 glasses of water 1-2 hours before your scheduled appointment.
- Wear appropriate workout clothing such as shorts and a t-shirt as well as proper athletic footwear.

* No Show: Our trainers work on a tight time schedule. Unfortunately, if you do not show up within 15 minutes of your scheduled start time, you will be charged for the full session.

PERSONAL TRAINING CLIENT INFORMATION

Please complete and return to your Personal Trainer by fax: (604) 257-8194
or drop it off at the Community Centre Front Desk at least 72 hours prior to your first scheduled session.

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 helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Full Name: _____ Date of Birth _____/_____/____ Age _____
M D Y

Address: _____
Street city province postal code

Phone: _____ Cell: _____

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____
Street city province postal code

Please provide 24 hours notice if you need to cancel or reschedule your Personal training appointment.

PAR-Q FORM

Please mark YES or NO to the following:

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
Do you frequently have pains in your chest when you perform physical activity?	_____	_____
Have you had chest pain when you were not doing physical activity?	_____	_____
Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
Do you have a bone, joint or any health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	_____	_____
Are you pregnant now or have you given birth within the last 6 months?	_____	_____
Have you had a recent surgery?	_____	_____

If you have marked YES to any of the above please give more details below:

Do you take any medications, either prescription or non-prescription, on a regular basis? _____

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Life Style Related Questions

1) Do you smoke? YES / NO If yes, how many? _____

2) Do you drink alcohol? YES / NO How many a week? _____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: Sedentary Active Physically Demanding

5) On a scale of 1-10, how would you rate your stress level (1=very low, 10=very high) _____

Fitness and Nutrition History

YES NO

1) Have you been exercising consistently for the past 3 months? _____ _____

2) On a scale of 1-10, how would you rate your present fitness level? (1 = worst, 10 = Best) _____

3) On a scale of 1-10, how would you rate your nutrition? (1 = very poor, 10 = excellent) _____

4) How many times a day do you usually eat (including snacks)? _____

5) Do you skip meals? _____ _____

6) Do you eat breakfast? _____ _____

7) Do you eat late at night? Sometimes Often Never

8) How many glasses of water do you consume daily? _____

9) Do you feel drops in your energy levels throughout the day? _____ _____

 If yes, when? _____

10) Are you currently or have you ever taken a multivitamin or any other food supplements? _____ _____

 If yes, please list the supplements:

Exercise related Questions:

Skip to next section if you are presently inactive.

1) How often do you take part in physical exercise? 5-7 x/week 3-4 x/week 1-2 x/week

2) How long have you been consistently physically active for? _____

3) What activities are you presently involved in?

Cardio &/or Sports	Frequency / Week (Average Length)	Easy / Mod / Hard
_____	_____	_____
Strength Training	Frequency / Week (Average Length)	Easy / Mod / Hard
_____	_____	_____
Stretching	Frequency / Week (Average Length)	Easy / Mod / Hard
_____	_____	_____

Developing your Fitness Program: Goal Setting

How can a personal trainer help you? Please check all that apply.

- | | | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| Lose Body Fat | <input type="checkbox"/> | Develop Muscle Tone | <input type="checkbox"/> | Rehabilitate an Injury | <input type="checkbox"/> |
| Nutrition Education | <input type="checkbox"/> | Start an Exercise Program | <input type="checkbox"/> | A More Advance Program | <input type="checkbox"/> |
| Safety | <input type="checkbox"/> | Sports Specific Training | <input type="checkbox"/> | Increase Muscle Size | <input type="checkbox"/> |
| Fun | <input type="checkbox"/> | Motivation | <input type="checkbox"/> | | |

Other: _____

In order to increase your chances of being successful at achieving your goals please ensure all your goals are “SMART”:

- S** **Specific** (provide detail, 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** **Rewards-Based** (attach a reward to each goal);
- T** **Time Frame** (set specific dates for goals).

Please list, in order of priority, the fitness goals you would like to achieve in the next 3-12 months:

- a) _____
- b) _____
- c) _____

Outline what you feel are the barriers, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, allowing other responsibilities to become a priority over exercise, etc.).

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in the exercise and training program offered by False Creek Community Centre Association. 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 have obtained his/her approval for my participation in a fitness program. Since the date such approval was given, no change in my physical condition has occurred which might affect my ability to participate in the fitness program.

I agree that False Creek Community Association shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, in the fitness centre, outdoors, or at a corporate, commercial, residential or other fitness facility), and I waive any and all claims against the False Creek Community Centre Association, and their employees and authorized agents, and release and discharge them, their successors and assigns from any and all actions, causes of actions, claims and demands which may arise as consequences 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.

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

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. 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.

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

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 understand that if I should feel lightheaded, faint, dizzy, nauseated or experience pain or discomfort I am to stop the activity and inform my Personal Trainer.

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

I understand that Personal Training rates are based on 60 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

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

I understand that False Creek Community Centre Association bills its Personal Training clients on a pre-pay basis; therefore, payment must be made before the sessions are conducted. Cash, debit, credit card or cheques are all accepted. I understand that all Personal Training sessions are non-transferable and nonrefundable.

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

I understand that False Creek Community Association operates on a scheduled appointment basis for all Personal Training sessions and as such, requires that I provide 24 hours notice when cancelling an appointment. No charge 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, I will be charged in full for that session. I understand that FALSE CREEK COMMUNITY CENTRE ASSOCIATION recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

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

I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

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

I understand that should my Personal Trainer become ill or is away on holidays another trainer will be recommended. I also understand that in the event that my Personal Trainer is no longer employed by FALSE CREEK COMMUNITY CENTRE ASSOCIATION, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

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

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

CLIENT

PERSONAL TRAINER

Date