

Personal Training Package

Registration Process

- Step 1: Register/purchase your session(s) in person at the False Creek Community Centre or by phone at 604-257-8195.
- **Step 2:** Fill out this Personal Training Package and the applicable PAR-Q Form and Consent Form to have ready for your trainer.
- **Step 3:** Once you have paid for your sessions and your forms have been completed, 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 completed and payment received. The information completed 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:		Emergeno	cy Contact:			Relationshi	p:	
Physician's Name:				Physician's F	Phone:			
Physician's Address:								
Trainer Preference:		□ Ma	ale		□ Fema	ale		□ None
Trainer's Name:								
Scheduling Preference (Circle If Any):							
□ Mon □ Tues		Wed		Γhu	□ Fri		□ Sat	□ Sun
☐ Early Morning ☐ ☐ 6:30-9:00AM	Late Morn 9:00AM-1		☐ Afteri 12:00	noon)-5:00PM		Evening 5:00-7:00PM		Late Evening 7:00-9:00PM
The type of trainer I am looking for is	S :							
☐ If you are between 15 and 69 please fill out attached PAR-0			If you are 70 yea the PAR Med-X			P.A	ou are pregnal R Med-X for P ysician.	nt please fill out the regnancy with your



Health and Fitness Questionnaire

1. Are you presently involved in a reg	ular exercise	program? If yes, please	e state the	duration, frequ	ency, intens	ity and typ	e of activities.	
2. How active do you consider yourse	elf?							
□ Sedentary		☐ Lightly Active ☐ Moderately			Active	Active Highly Active		
Comments:								
3. How would you describe your nutr	ition habits?							
Good			Fair				□ Poor	
Comments:								
4. How would you characterize your I	ife?							
☐ Highly Stressful		□ Mode	erately Stre	essful			Low In Stress	
Comments:								
5. Please rate your knowledge of exe	rcise and fitn	ess.						
☐ Good		□ Fair				□ Poor		
Comments:								
6. What type of activities/exercises de	o you enjoy c	loing?						
7. What activities would you like to le	arn?							
•								
8. Please check 1-3 fitness goals:								
☐ Improve cardiovascular fitness	□ lmp	prove muscular strength	☐ Increase flexibil		lity		Improve muscular endurance	
☐ Sport-specific training		ight control/body nposition		Injury preventio	n		Injury rehabilitation	
9. Please provide details of your fitne	ess goals:							
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Personal Training Information

Thanks for choosing one of our 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 your assigned personal trainer.

Personal Training Packages: One client sessions are 1 hour and two clients' sessions are 1.25 hours.

One Client

1 session \$50 + GST 3 sessions \$144 + GST 5 sessions \$230 + GST 10 sessions \$440 + GST

Two Clients

3 sessions \$105 + GST (each client) 5 sessions \$162.50 + GST (each client) 10 sessions \$300 + GST (each client)

Pre-appointment Guidelines:

- Register/purchase the package that works best for you, and submit the completed personal training package to your assigned personal trainer.
- Your trainer will contact you as soon as possible to set up your first appointment (typically within 3-5 business days).
- 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 (unless approved by the Recreation Programmer & Trainer). 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 busy 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 your assigned personal trainer. Your request will be processed as soon as possible. Thank you.



Consent & Release

I, (I	Full Name)
Ag	je
Of	(Address)
Ac	knowledges 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 the 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 Signature also of parent or guardian, if necessary