



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

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

Trainer Preference:	☐ Male	☐ Female	☐ None
---------------------	-------------------------------	---------------------------------	-------------------------------

Trainer's Name:

Scheduling Preference (Circle If Any):

☐ Mon	☐ Tues	☐ Wed	☐ Thu	☐ Fri	☐ Sat	☐ Sun
------------------------------	-------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

☐ Early Morning 6:30-9:00AM	☐ Late Morning 9:00AM-12:00PM	☐ Afternoon 12:00-5:00PM	☐ Evening 5:00-7:00PM	☐ Late Evening 7:00-9:00PM
---	---	--	---	--

The type of trainer I am looking for is:

--

☐ If you are between 15 and 69 years old, please fill out attached PAR-Q form.	☐ If you are 70 years or older please fill out the PAR Med-X with your physician.	☐ 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?

☐ Sedentary	☐ Lightly Active	☐ Moderately Active	☐ Highly Active
------------------------------------	---	--	--

Comments:

--	--	--	--

3. How would you describe your nutrition habits?

☐ Good	☐ Fair	☐ Poor
-------------------------------	-------------------------------	-------------------------------

Comments:

--	--	--

4. How would you characterize your life?

☐ Highly Stressful	☐ Moderately Stressful	☐ Low In Stress
---	---	--

Comments:

--	--	--

5. Please rate your knowledge of exercise and fitness.

☐ Good	☐ Fair	☐ 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:

☐ Improve cardiovascular fitness	☐ Improve muscular strength	☐ Increase flexibility	☐ Improve muscular endurance
☐ Sport-specific training	☐ Weight control/body composition	☐ Injury prevention	☐ Injury rehabilitation

9. Please provide details of your fitness goals:



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, (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

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐ ?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

-  **If you answered NO to all of the questions above, you are cleared for physical activity.**
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.
-  Start becoming much more physically active – start slowly and build up gradually.
 -  Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
 -  You may take part in a health and fitness appraisal.
 -  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
 -  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

Delay becoming more active if:

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐
- 3c. Do you have chronic heart failure? YES ☐ NO ☐
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

PAR-Q+

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐

10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

PAR-Q+

 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at **www.eparmedx.com** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. *APNM* 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. *APNM* 36(S1):S266-S298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.