

# Personal Trainer Request Form



D	ate	:
N	am	e: Age:
Pl	non	ne (h): Alternate:
Tr	air	ner preference (circle if any): male female Name:
[	]	re selected (check one): Personal Training (one on one) P2 Training* Workout buddy's name: (1)
*	Bot	th clients register in the same activity; one fee.
TI	he	type of trainer I am looking for is:
_		
[	]	If you are between 15 and 69 years old, please fill out attached PAR-Q (Physical Activity Readiness Questionnaire) form.
[	]	If you are 70 years or older please fill out the PARmed-X with your physician.
[	]	If you are pregnant please fill out the PARmed-X for Pregnancy with your physician

## Health and Fitness Questionnaire

□ se □ lig □ m	active do you consider yo dentary ghtly active oderately active ghly active	ourself?  comments:
□ go	would you describe your ood ir oor	nutrition habits?  comments:
□ hi	would you characterize y ghly stressful oderately stressful w in stress	your life?  comments:
□ go	e rate your knowledge o ood ir oor	f exercise and fitness.  comments:
What	types of activities/exer	cises do you enjoy doing?

7.	What activities would you like to learn?				
8.	Please check 1-3 fitness goals:				
	<ul> <li>improve cardiovascular fitness</li> <li>improve muscular strength</li> <li>increase flexibility</li> <li>improve muscular endurance</li> <li>sport-specific training</li> <li>weight control/body composition</li> <li>injury prevention</li> <li>injury rehabilitation</li> </ul>				
9.	Please provide details of your fitness goals:				
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### Vancouver Board of Parks & Recreation



Consent & Release				
I (nome)				
ı, (name)		,	age	
of (address)				
acknowledge as fo	llows:			
A pr A pr	lied to participate in; rescribed exercise pro rogram of fitness testi ered by the Vancouver	ing	Recreation.	
	pleted the "Physical A e truthfully answered	-	-	
atta	e answered one or mo aching to this docume ticipation in the progr	nt a letter from m		
	n informed and fully u tain risks to me and I	•	•	gram may
authorized agents a. Anthropometric b. Cardiorespirate c. Flexibility tests d. Strength and m	-	ving procedures: n and skinfolds		yees and
and their employe and assigns, from in consequence of death or injuries t	l claims against the Ces and authorized age any and all actions, commy participation in the on me resulted from no on my estate and my	ents and release a auses of action, cl he Fitness Centre egligence by the a	nd discharge them, th aims and demands wh program irrespective	neir successors nich may arise of whether my
Signed in Vancouve	er, BC this	day of	20	<u> </u>
Signature			Witness	
Signature also of p	parent or guardian, if	client is under 18	yrs	



#### **Personal Training Information**



Below is information about our services and can also be found on your receipt. Please read and sign below.

#### **PLEASE NOTE:**

- Admission to the fitness centre is not included in the registration fee.
- There is a 6 month limit to your training session package. 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 P2 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 OR FITNESS CENTRE.
- If there is a medical emergency or extended periods that you will be absent, initiate a refund for the remaining sessions with the Programmer in charge as soon as possible.
- Wear appropriate workout clothing such as shorts, t-shirt and proper athletic shoes. Bring a water bottle and a sweat towel.
- Vancouver Park Board, community centre and its agents/employees are not responsible for lost or stolen items.

I have read and agree to the information above.
SIGNATURE:

Please return these completed forms and your PAR-Q form to the front office.

Your request will be processed ASAP. Thank you.