

Client Profile

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests that are safe and effective.

Today's Date:		D.O.B:		Age:	
Name:					
Address:					
Home: ()			Cell: ()		
Email Address:					
Occupation:			Company:		
Spouse's name:			Number of Children:		
Emergency Contact :			Relationship:		
Emergency Contact Phone: ()					
Current Height:		feet	inches	Current Weight: pounds	
On a scale of 1-10 how would you rate your present fitness level? <i>(1=worst 10=best)</i> Explain.					
What are your fitness goals? 3, 6, 12 months? <i>(examples: Lose weight, improve strength, improve physical fitness, sport specific training)</i>					
What, if anything, stopped you from reaching those goals in the past?					
On a scale of 1-10 how would you rate your nutrition? <i>(1=very poor 10=excellent)</i> Explain.					
Please list any medical conditions/medications that your trainer should be aware of:					

The Personal Training Revolution

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?
Yes, _____ |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest?
Yes, _____ |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s),
such as arthritis that has been aggravated by exercise, or might be made
worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Is there a good physical reason, not mentioned here, why you should not
follow an activity program even if you wanted to?
Yes, _____ |
| _____ | _____ | 7. Are you over age 60 and not accustomed to vigorous exercise?
Yes, _____ |
| _____ | _____ | 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or
numbness?
Yes, _____ |
| _____ | _____ | 9. Are you currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 10. Do you currently have a disability or a communicable disease? If YES,
Please specify,
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at the PT-Revolution Fitness Center.

Print Name

Signature

Date

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of the PT-Revolution of this condition and your membership may be suspended until this condition is cured or in a state of remission.

Personal Training Revolution

Consent and Release of Liability

The advantages, risks and discomforts associated with an exercise program have been explained to me, and all of my questions have been answered to my satisfaction.

I understand that during the course of any exercise program there is a likelihood of changes in my bodily functions, including inherent risk of physical injuries or other damages, including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after participant participation in the physical activities, abnormal blood pressure, rapid or very slow heart rate, stroke, musculo-skeletal injuries, dizziness, shortness of breath and even death.

I further understand that Steve de la Torre is not responsible for the use of the equipment and facilities, since I use such equipment and facilities at my own risk. However, I have been instructed on the use of the equipment that I need to use in connection with my exercise program.

I consider myself to be in good health. The instructor, Steve de la Torre recommended that I seek the advice of a physician before beginning an exercise program. Whether or not I do begin the exercise program with or without seeking medical approval, I realize that I am participating in this exercise program and am using the facilities and equipment at my own risk.

Steve de la Torre does not claim to be a dietitian nor a physical therapist, yet only an exercise and nutritional advisor.

I do not now, nor will I in the future, hold Steve de la Torre responsible in any way for any abnormal response to or injury I sustain during the exercise program, including but not limited to heart failure or even death.

(Signature)

(Date)

(Printed Name)