West Point Grey Community Centre

West Point Grey Fitness Centre

Personal Training Package

Thank you for choosing West Point Grey Personal Training!

CLIENT COPY

Please fill out the information enclosed in this package to help your trainer design a program that will best suit your needs. Once completed, please return this information to your trainer (or the Administration Office).

NOTE:
Fitness Centre admission is **NOT** included. Please pay/sign-in at the Administration Office. You can purchase a monthly or 10-Visit Pass or pay drop-in.

There is a **6 month limit** to your training package. Please choose the appropriate package to meet your needs.

There is a **24 hour cancellation policy**. You will be charged for that session.

If there is a medical emergency or an extended period that you will be absent, contact your trainer and the Fitness Programmer to initiate a refund on the remaining sessions ASAP.

CONTACT YOUR TRAINER DIRECTLY when issues arise, e.g. late arrival, cancellations, schedule change, etc.

Personal Training Package Fees

☐ 1 session	$52.00
☐ 5 sessions	$239.00
☐ 10 sessions	$413.00
☐ Small group sessions	Additional $25/person/session

Your trainer will call you to arrange the first appointment. Wear appropriate workout clothing such as shorts and a t-shirt along with proper athletic footwear. Providing your own water bottle and towel is at your own discretion.

Trainer: _____ Phone #1: _____ Phone #2: _____

I have read and understood the information above:

Signature: _____ Date: _____

CLIENT COPY

4397 West 2nd Ave Vancouver, BC V6R 1K4 Phone 604-257-8140
www.westpointgrey.org

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West Point Grey Community Centre

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Occupation: _____

Birth Date: _____ Age: _____

Medical Information

Par-Q

Please answer the following questions by checking the appropriate box. In the event of any questions answered with "Yes", your trainer may need your medical practitioner's consent and/or guidance before starting your exercise program.

YES	NO	
☐	☐	Has your doctor said that you have a heart condition and that you should on do physical activity recommended by a doctor?
☐	☐	Do you feel pain in your chest when you do physical activity?
☐	☐	In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
☐	☐	Is your doctor currently prescribing you medication (e.g. water pills) for your blood pressure or heart condition?
☐	☐	Do you know of any other reason why you should not do physical activity?

Health Practitioner(s)

Physician: _____ Phone: _____

Physiotherapist: _____ Phone: _____

Chiropractor: _____ Phone: _____

Massage Therapists: _____ Phone: _____

Other: _____ Phone: _____

Are you taking any supplements? YES / NO

If YES, please list:

Name	Purpose	Duration

Do you know how your medication affects your ability to exercise?

_____

_____

Height _____ **Weight** _____

Are you pregnant? YES / NO If YES, fill out a PAR-MedX Form.

Do you have a history of any of the following?

Health Condition	Yes	No	Describe
Heart problems			
Respiratory problems			
Diabetes			
Seizures			
Osteoporosis			
Arthritis			
Back problems			
Sciatica			
Neck problems			
Joint problems			
Allergies			
Asthma			
Surgery (minor/major)			
Cholesterol (high/low)			
Other			

Do you have any Injuries? If yes, provide details (what, when, etc).

_____

_____

Do you use any of the following?

☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair ☐ Other _____

All the time? YES / NO For long distances only? _____

Fitness

Have you worked with a personal trainer before? YES / NO

What do you think a personal trainer will help you accomplish?

_____

_____

Why did you decide to invest in a personal trainer?

_____

_____

Which activities/exercises do you enjoy?

_____

_____

Which activities would you like to learn?

_____

_____

How physically active would you consider yourself?

☐ Sedentary ☐ Lightly Active ☐ Moderately Active ☐ Highly Active

Are you currently involved in a regular exercise program? YES / NO

If YES, please indicate the following:

Type	Frequency / Week	Duration	Intensity (easy/moderate/hard)

What are your fitness goals?

- ☐ muscular strength
- ☐ muscular mass
- ☐ muscular endurance
- ☐ flexibility
- ☐ cardiovascular fitness
- ☐ prevent osteoporosis
- ☐ improve posture
- ☐ improve coordination
- ☐ improve balance
- ☐ other _____
- ☐ injury rehabilitation
- ☐ injury prevention
- ☐ sport specific training
- ☐ body fat
- ☐ other _____

Any particular muscle group you want to focus on?

_____

How many times a week can you realistically commit? _____

How much time can you commit each session? _____

How do you plan on incorporating this new goal into your schedule?

_____

_____

Nutrition

Describe your typical:

Breakfast _____

Morning snack _____

Lunch _____

Afternoon snack _____

Dinner _____

Dessert _____

On a scale from 1 – 10, how would you rate your nutrition? (1 = very poor, 10 = excellent)

_____

List 3 areas of your nutrition that you would like to improve?

1. _____
2. _____
3. _____

Are you taking any supplements? YES / NO

If YES, please list:

Name	Purpose	Duration

Lifestyle

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

How many hours do you regularly sleep each night?

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

_____

List your three biggest sources of stress:

1. _____
2. _____
3. _____

How many hours do you work per week? _____

What are your personal hobbies/ interests?

_____

West Point Grey Community Centre Association Consent and Release Form

I, (name)_____ (age) _____

of (address) _____
acknowledge as follows:

1. I have applied to participate in a prescribed exercise program offered by the West Point Grey Community Centre Association.
2. I have completed the "Physical Activity Readiness Questionnaire (PAR-Q)" and
   a) have truthfully answered all the questions with a "no" (check here): ____

   or

   b) have answered one or more questions with a "yes" (check here): ____, 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 participation in the program may involve certain risks to me and I agree to accept those risks.

I therefore give my consent to the West Point Grey Community Centre Association and its employees and authorized agents to prescribe an exercise program.

I waive any and all claims against West Point Grey 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 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 resulting from negligence by the aforesaid parties. This waiver and release is binding on my estate and heirs.

Signed in Vancouver, BC, this_____ Day of _____, 20 _____

_____ _____
(Signature) (Signature of parent or guardian, if necessary)

_____
(Witness)

Thank-you for taking the time to fill this out!