

Personal Fitness Training Registration Form

PERSONAL INFORMATION

Mr. Mrs. Ms. Dr.

Name: _____

Address: _____

City: _____

Postal Code: _____

Today's Date DD ____ MM ____ YY ____

Home Number: _____

Work Number: _____

Cell Number: _____

Email: _____

Date of Birth: DD ____ MM ____ YY ____

EMERGENCY CONTACT:

Mr. Mrs. Ms. Dr.

Name: _____

Relationship: _____

Work number: _____

Cell number: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone Number: _____

Do you receive regular annual physical exams from your primary care physician? Yes No

Date of last exam: _____

Do you have any chronic or recurring injuries? Yes No If yes, please specify:

Are you presently, or have you in the past, received physiotherapy, massage therapy, chiropractic treatment or acupuncture: Yes No If yes, when and for what condition? _____

Therapist's Name: _____ Location of treatment: _____

Do you have a medical condition which may require emergency attention? Yes No

Have you ever been diagnosed with high blood pressure? Yes No Date _____

Have you been diagnosed with a high cholesterol level? Yes No

Do you have a family history of heart disease? Yes No

Are you currently taking any medication(s)? Yes No

Medication

Reason for prescription

Are you currently taking any supplement(s)? Yes No If Yes, Please specify:

LIFESTYLE RELATED BEHAVIOURS

How many days a week are you active? (Elevated heart rate for >10 mins) _____

Average duration of activity: 15 min 30min 60mins >1 hour

Current activities:

Have you maintained your body weight at a constant level for the past year? Yes No

Do you eat a balanced diet? (ie. Daily suggested servings from Canada's Food Guide) Yes No

Are you currently on a special diet for weight loss/weight gain? Yes No

If yes, please detail: _____

Do you currently use or have you previously used tobacco products? Yes No

If yes, how often do you use them: _____ How long ago did you quit: _____

Do you currently consume alcohol products? Yes No

If yes, on average, how many drinks do you have per week? _____

Do you feel that you get adequate rest and relaxation? Yes No

How many hours of sleep do you usually get per night? _____

GOALS AND OBJECTIVES

What are your primary training goals? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Increase energy levels | <input type="checkbox"/> Improve posture |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Manage chronic condition | <input type="checkbox"/> Body comp/Weight Loss |
| <input type="checkbox"/> Injury recovery | <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sport specific training | <input type="checkbox"/> Strength | |

Do you have any previous fitness/physical training experience? Yes No

If so, what were the results? _____

Ideally, I would like to train/exercise _____ days/week; for _____ hours/exercise session.

Realistically, I am able to commit to train/exercise _____ days/week; for _____ hours/exercise session.

Outline any goals and objectives that you have (be specific; address what, when, how, and where):

List any outside factors (work, family, travel, etc) that could impact your ability to make lifestyle changes?

TRAINER INFO

Trainer preference: Male Female No preference Requested trainer: _____

Appointment availability: _____

Would you prefer your appointment(s) be conducted in:

- Kinetix Fitness & Wellness Centre Private Training Studio No preference

Would you agree to have a Kinesiology practicum student present during your appointment(s)? Yes No

How did you hear about our programs?

- Kinetix Website Google Search Physician referral
 Friend referral Yellow Pages Other _____

PERSONAL TRAINING PACKAGES

Please indicate which package(s) you are interested in purchasing:

Fitness Assessments:

- General Fitness Appraisal Posture Analysis Body Composition Testing

Personal Training Programs:

- 5 sessions 10 sessions 20 sessions

Other: _____

CANCELLATION AND REFUND POLICY

All training sessions are scheduled by appointment. Appointments that are not cancelled 24 hours in advance will be charged in full to the client. If you show up 15 minutes late for an appointment, that session will be FORFEITED. Refunds will be subject to a \$25 administration fee and must be done within 10 days of purchase. No refunds will be given after this 10 day period. All sessions must be used within 12 months from the date of purchase.
BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS POLICY.

Signature of participant

Witness Name (print)

Witness Signature

Date

OFFICE USE ONLY

Date registered: DD ____ MM ____ YY ____ Registered by: _____

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months?**

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> YES</p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> YES</p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> YES</p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> YES</p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the **ADVICE** for your **YES** response, go to **Page 2** of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ csep.ca/certifications

CSEP Certified members can help you with your physical activity goals.

▶ csep.ca/guidelines

Canadian Physical Activity Guidelines for all ages.