

Personal Fitness Training Registration

Today's date: _____ DD/MM/YY _____

Personal Information:

Name: _____ Date of birth: _____ DD/MM/YY _____

Phone number: _____ Cell number: _____

Email: _____

Address: _____

City: _____ Postal code: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone number: _____ Cell number: _____

Medical Information:

Doctor's name: _____ Phone number: _____

Do you receive regular annual physical exams?: 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? _____

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

Please specify: _____

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

If yes, please specify:

Medication	Dosage	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 30 min 60 min >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?: Yes No

If yes, please detail: _____

Have you previously worked with a dietitian or nutritionist?: 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: _____

If No, how long ago did you quit: _____

Do you currently consume alcohol products?: Yes No

If Yes, how many drinks per week? _____

Do you feel that you get adequate rest?: Yes No

How many hours of sleep do you usually get?: _____

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"/> Sport specific training |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Other: _____ | |

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

If yes, what were the results?: _____

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

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

Trainer Info

Male Female No preference Requested trainer: _____

Appointment availability (time and day): _____

Would you agree to have a Kinesiology practicum student present during your

appointment(s)?: Yes No

How did you hear about our programs?

Active Living guide Active Living website Physician referral
 Friend referral Social media Other: _____

Personal Training Packages

Please indicate which package(s) you are purchasing:

Fitness assessments: General fitness appraisal Body composition testing

Hourly training packages:

Student: Initial package (including appraisal) Renewal
 3 Sessions 5 Sessions 10 Sessions 20 Sessions

Member: Initial package (including appraisal) Renewal
 5 Sessions 10 Sessions 20 Sessions

Non-member: Initial package (including appraisal) Renewal
 5 Sessions 10 Sessions 20 Sessions

Youth/UCAD training: _____

Occupational fitness training
 4 hour package Mini one-hour sessions

Other: _____

Cancellation and Refund Policy

All training sessions are scheduled by appointment. Appointments that are cancelled LESS THAN 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**?

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 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? |
| <input type="radio"/> | <input type="radio"/> | B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher? |
| <input type="radio"/> | <input type="radio"/> | C Dizziness or lightheadedness during physical activity? |
| <input type="radio"/> | <input type="radio"/> | D Shortness of breath at rest? |
| <input type="radio"/> | <input type="radio"/> | E Loss of consciousness/fainting for any reason? |
| <input type="radio"/> | <input type="radio"/> | 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.)