

## PERSONAL TRAINING SERVICES QUESTIONNAIRE

### Individual Training

Please complete and return to the Fitness Centre or by email to bcromer@cardelplace.com.

Date: \_\_\_\_\_

**Program Type**

- 5 Sessions \$330 (10% off all packages for Passholders)
- 10 Sessions \$620     15 Sessions \$885

**Personal Information**

Name: \_\_\_\_\_

Email \_\_\_\_\_

Can we contact you by email? \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Best Time To Call: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Are you a smoker: \_\_\_\_\_

Occupation: \_\_\_\_\_

Stress level of job: (1: no stress - 5: high stress) \_\_\_\_\_

How satisfied are you with your current state of health? (1: not satisfied - 5: very satisfied) \_\_\_\_\_

How satisfied are you with your current state of energy? (1: not satisfied - 5: very satisfied) \_\_\_\_\_

Are you a passholder? \_\_\_\_\_

**Preferred Appointment Times**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Consultant/Trainer Preference**

- No Preference
- Female
- Male
- Specific trainer (please name) \_\_\_\_\_

**How Did You Find Out About Cardel Place Group Training Services?**

- Website
- Program guide
- Staff member (please name) \_\_\_\_\_
- Referred by friend, family, co-worker etc. (please name) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Physical Activity**

- 1. Do you find it difficult to participate in physical activity due to work or home commitments? \_\_\_\_\_  
\_\_\_\_\_
- 2. Do you regularly participate in physical activities such as gardening playing with kids, walking, etc.? \_\_\_\_\_  
\_\_\_\_\_
- 3. Have you or are you currently participating in cardiovascular (aerobic) type program? \_\_\_\_\_  
\_\_\_\_\_
- 4. Have you or are you participating in a resistance / strength / weight training program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals & Objectives**

- 1. What is your motivation for starting an exercise program and what are you hoping to accomplish with this service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. What are your top 3 health and fitness goals?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- 3. How successful have you been at making changes and following an exercise plan in the past?  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Programming Information**

Are you looking for a program that can be done?  
Home \_\_\_\_ facility \_\_\_\_\_ both \_\_\_\_\_ ?

Do you have any specific activities that you would like to include in your program? Ie. Yoga, Martial Arts, Climbing, Swimming \_\_\_\_\_  
\_\_\_\_\_

How much time per week would you like to commit to your program? \_\_\_\_\_

Do you have any health concerns or injuries that you would like your trainer consultant to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently following a diet or nutrition plan? \_\_\_\_\_  
\_\_\_\_\_

**Procedures – What Happens Next?**

~~STEP 1— Fill out this questionnaire as honestly and accurately as you can and sign the below Policy Information.~~

*for community, sports & recreation*

STEP 2 Training must be paid in full before trainer is assigned. Payment plans for 16-Sessions can be arranged.

STEP 3 Your personally matched trainer will contact you to set up your appointment. Your trainer will ask you to fill out a medical Par-Q before you begin

STEP 4 Begin your training

**Policies**

The time of the session is an agreement between the Trainer and Client. If the client arrives late, the session will end at the original end time to ensure the scheduling of the next clients.

**Notice of 24 hours is required by the client for any changes to the day or time of the appointment booked and paid for.** Appointments which are not cancelled at least 24 hours in advance will not be rescheduled or refunded. Training services are non refundable & non transferable except for medical reasons (medical documentation required) or proof of relocation to outside of Calgary

A PAR-Q from must be completed and signed before the commencement of any training sessions. If any positive responses are given on the PAR-Q form, a PAR-MEDX form must be completed by a physician before any training sessions can commence.

Personal Training Packages will expire depending upon how many sessions are purchased.  
5 Sessions – 6 Month expiry; 10 Sessions – 12 Month expiry; 15 Sessions – 18 Month expiry

My Personal Training Package will expire on: \_\_\_\_\_

I understand and acknowledge the above policies and procedures and agree to abide by them.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Trainer Signature

Date : \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use

CLASS Entry : \_\_\_\_\_

Payment Date : \_\_\_\_\_

Trainer : \_\_\_\_\_

TL Initial : \_\_\_\_\_