

**PERSONAL TRAINING SERVICES QUESTIONNAIRE: GROUP TRAINING**

**Program Type:**

- |   |                                     |                                      |                                      |
|---|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Semi-Private Training (2 People/Group) | <input type="checkbox"/> 6 Sessions | <input type="checkbox"/> 11 Sessions | <input type="checkbox"/> 16 Sessions |
| <input type="checkbox"/> Goal Getters ( 10 Training Sessions)   | <input type="checkbox"/> 3 People   | <input type="checkbox"/> 4 People    | <input type="checkbox"/> 5 People    |

**Group Member Information**

Group Member 1 - Main Contact

Name: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Group Member 2

Name: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Group Member 3

Name: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Group Member 4

Name: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Group Member 5

Name: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Preferred Appointment Times** *(It is the responsibility of the group to determine common times for all.)*

Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_  
Sunday: \_\_\_\_\_

**Consultant/Trainer Preference**

- No Preference \_\_\_\_\_  
 Female \_\_\_\_\_  
 Male \_\_\_\_\_  
 Specific Trainer \_\_\_\_\_

**How did you find out about Cardel Place group training services?**

- Website \_\_\_\_\_  
 Program Guide \_\_\_\_\_  
 Cardel Staff Member (Name) \_\_\_\_\_  
 Referred by Friend, Family, Co-worker etc (Name) \_\_\_\_\_

## Group Information

This information will provide the consultant with an overview of the group's current fitness level, previous history and future needs and goals. With a group program it is recommended that the group members share the same relative health and fitness levels as well as goals. Large discrepancies in fitness levels and differences in training goals will reduce the quality and effectiveness of the program.

|   | Group Member 1 | Group Member 2 | Group Member 3 | Group Member 4 | Group Member 5 |
|---|----------------|----------------|----------------|----------------|----------------|
| Name  |                |                |                |                |                |
| Age   |                |                |                |                |                |
| Gender  |                |                |                |                |                |
| Smoker<br>Y/N/Quit - How long?  |                |                |                |                |                |
| Number of Alcoholic<br>Drinks/week  |                |                |                |                |                |
| Occupation  |                |                |                |                |                |
| Average hours of work per<br>week   |                |                |                |                |                |
| Stress level of job<br>(1 - little to 5 - very<br>stressful)  |                |                |                |                |                |
| How satisfied are you with<br>your current state of health?<br>(1 - not satisfied to 5 - very<br>satisfied)     |                |                |                |                |                |
| How satisfied are you with<br>your current state of<br>fitness?<br>(1 - not satisfied to 5 - very<br>satisfied) |                |                |                |                |                |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <p>Do you find it difficult to participate in physical activity due to work or home commitments?</p>  |  |  |  |  |  |
| <p>Do you participate in regular physical activity such as gardening, walking, cleaning, etc?<br/>How many hours per week?</p>              |  |  |  |  |  |
| <p>Have you or are you currently participating in a cardio or strength training program?<br/>Please specify program type and how often.</p> |  |  |  |  |  |

**Goals and Objectives**

- 1. As a group what are you hoping to accomplish with this service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. As a group what are your top 3 health and fitness goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Programming Information**

- 1. Are most of the group members looking for a program that can be done at home or at a facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. Are there any specific activities that you would like to include in your program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. How much time per week is the group willing to commit to the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. Does anyone have any health concerns or injuries that the trainer should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5. Is anyone currently following a specific diet or nutrition plan? (If so, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 6. Is anyone interested in a Nutrition Consultation to create a tailored eating plan? (If so, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Procedures – What Happens Next?

- STEP 1 Fill out this questionnaire as honestly and accurately as you can.
- STEP 2 Fax the form back or hand to the Fitness Centre Desk the next time you are visiting the facility.
- STEP 3 The Holistic Services Team Leader reviews your questionnaire and finds a trainer to match your availability and goals.
- STEP 4 The Holistic Services Team Leader will input your details in to the booking system.
- STEP 5 Your assigned trainer will contact you directly to set up your first appointment.
- STEP 6 Pay for your training services at Guest Services before your first appointment.
- STEP 7 Bring your receipt of payment along to your first appointment and present it to your trainer.
- STEP 8 You receive a 20 minute consultation and pre-training fitness check prior to starting your actual training sessions.
- STEP 9 Your trainer designs a fully personalized and unique work out for you to meet your goals, interests and ability.
- STEP 10 TRAINING BEGINS

## Policies

All Personal Training services must be paid in advance at Guest Services. A receipt of payment must be presented to the Trainer before any consultation or training can commence.

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.

Training services are non refundable & non transferable. Refunds for sessions not used will only be issued for medical reasons (medical documentation required) or proof of relocation outside of Calgary

A PAR-Q form 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:

6 Sessions – 6 Month expiry; 11 Sessions – 12 Month expiry; 16 Sessions – 18 Month expiry

Our Personal Training Package will expire: \_\_\_\_\_

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

\_\_\_\_\_  
Main Contact Client Signature

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

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

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