

**PERSONAL TRAINING SERVICES QUESTIONNAIRE:
INDIVIDUAL TRAINING**

Please complete the questionnaire and Par-Q and return to the Fitness Centre.

Program Type:

- Fitness Assessment
 Individual Training
 6 Sessions
 11 Sessions
 16 Sessions

Contact Information

Name: _____
Best Time To Call: _____
Daytime Phone Number: _____ Evening Phone Number: _____
Address: _____

Preferred Appointment Times

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

Consultant/Trainer Preference

- No Preference _____
 Female _____
 Male _____
 Specific Trainer _____

How did you find out about Cardel Place personal training services?

- Website _____
 Program Guide _____
 Cardel Place Staff (Name) _____
 Referred by Friend, Family, Co worker etc (Name) _____
 Other (Please specify) _____

Personal Information

This information will assist the consultant with an overview of your current fitness level, previous history and future needs and goals.

Date of Birth: _____

Gender: _____

Are you a smoker: _____

Have you ever smoked: (if yes, when did you quit?) _____

How many alcoholic beverages do you consume in a week? _____

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) _____

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. If no, please provide the details of the last time you were involved in physical activity regularly? _____

4. Have you or are you currently participating in cardiovascular (aerobic) type program? _____

5. Have you or are you participating in a resistance / strength / weight training program? _____

Goals and 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?

4. How are you planning to go about measuring your goals and objectives? _____

Additional Programming Information

Are you looking for a program that can be done at home or at a facility? _____

Do you have any specific activities that you would like to include in your program? _____

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? _____

Are you interested in a Nutrition Consultation to create a tailored eating program? _____

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 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.

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 and non transferable except for medical reasons (medical documentation required) or proof of relocation to 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

My Personal Training Package will expire: _____

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

Client Signature

Trainer Signature

Date : _____

Date: _____