

WEST VANCOUVER COMMUNITY CENTRE PERSONAL TRAINING

westvancouver

PERSONAL TRAINING CLIENT INFORMATION PACKAGE

At West Vancouver Community Services, our approach to health and fitness is balanced. Being healthy means adopting a lifestyle that strengthens the body and the mind through regular exercise, healthy diet and sleep. Whether your goals are building muscle, controlling weight, sport-specific training, reducing stress or active rehabilitation, a personal trainer will help you:

- Start and maintain a safe and effective exercise program
- Reduce health risks
- Improve your quality of life and increase your energy level
- Improve your posture
- Achieve your fitness goals
- Stay up to date with the latest health and wellness information
- Stay motivated and have fun!

Up-to-date, qualified and friendly, our trainers will ensure you receive the best the fitness community has to offer. All of our personal trainers are employees of the District of West Vancouver and comply with the highest standards of practice.

Contact:

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Get started today by following Steps 1 - 3!

Step 1:

Fill out the Personal Training Information Package and provide doctor's note if required, return to West Vancouver Community Centre front desk.

Step 2:

Register and pay for Personal Training sessions.

Step 3:

Once your forms and payment have been received, the Coordinator or Personal Trainer will contact you to arrange an appointment.

For clients with medical conditions, refund and cancellation policies please speak with a Health and Fitness staff member.

For information on the Personal Training program visit: westvancouverrec.ca/healthandfitness.

ASSESSING YOUR NEEDS

All information received on this form will be treated as strictly confidential. Please fill out the forms as accurately as possible. This information is essential to develop a program that addresses your needs, goals and interests and that is safe and effective.

Name: _____

Date: _____

Date of birth (M)____/(D)____/(Y)____ Age:_____

Address:

Postal code _____

Phone: (home) _____ (work) _____

(cell)_____

E-mail: _____

Occupation: _____

Physician's name: _____ Phone: _____

Address:

Emergency contact: _____

Name: _____ Phone: _____

Freedom of Information and Privacy Act Notice

Information collected on this form, or provided with this form, is collected and protected in accordance with the Freedom of Information and Privacy Act, and will be used for the purposes of Parks and Community Services program administration. Questions regarding the collection/use of this information should be directed to the Information and Privacy Officer at 604-925-7019.

PAR-Q & YOU Physical Activity Readiness Questionnaire | PAR-Q (revised 2002)

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions.

(Please read the questions carefully and answer each one honestly: check YES or NO)

YES NO

		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. • You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. • Find out which community programs are safe and helpful for you.

If you answered NO to all PAR-Q questions:

You can be reasonably sure that you can: • start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. • take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Name _____

Signature _____ Date _____

Signature of parent _____

Witness of guardian (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions

HEALTH RELATED QUESTIONS

- 1) Do you have a history of any of the following?

HEALTH CONDITION	YES	NO	PLEASE DESCRIBE
Heart problems			
High Blood Pressure			
Respiratory Problem			
Diabetes			
Hypoglycemia			
Dizziness			
Seizures			
Osteoporosis			
Arthritis			
Back Problems			
Sciatica			
Neck Problems			
Other Joint Problems			
Neurological Problems			
Allergies			
Other			

- 2) Do you use any of the following? Cane_____ Crutches_____ Walker_____ Wheelchair_____

Other_____

All the time? YES_____ NO_____ For long distances only? _____

- 3) Height_____ Weight_____ RHR (resting heart rate)_____

- 4) Have you ever been in an accident or sustained an injury, if so please list?

- 5) Have you had surgery within the past year?

- 6) Are you pregnant now or have given birth within the last 6 months?

- 7) Do you take any medications either prescription or non-prescription on a regular basis?

If so, what kind? _____ Frequency: _____

- 8) What is the medication for and how may this affect your ability to exercise?

FITNESS RELATED QUESTIONS

- 1) Are you currently physically active? If Yes, please specify (*type of program/exercise, duration, frequency, intensity*) _____

- 2) What are the some of the present and/or past obstacles that have caused you not to participate in physical activity? (i.e. *injury, lack of time, energy, motivation ...*)

- 3) Why did you decide to invest in Personal Training? _____
- 4) How often would you like to exercise with a trainer? _____ x/week
- 5) How often would you like to exercise on your own? _____ x/week
- 6) Do you prefer a male or female trainer? ☐ Male ☐ Female ☐ No preference
- 7) What are the best days and times during the week for you to meet with your trainer?

MON	TUE	WED	THR	FRI	SAT	SUN
Time:	Time:	Time:	Time:	Time:	Time:	Time:

GOAL SETTING

1. Please list in order of priority, what fitness goals you would like to achieve in the next 12 weeks?
 - a) _____
 - b) _____
 - c) _____
2. Please list in order of priority, what fitness goals you would like to achieve in the next six months to one year?
 - a) _____
 - b) _____
 - c) _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I _____, Wish to participate in the exercise and training program offered by the West Vancouver Community Centre. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in this program within sixty (60) days of the date set forth below. No change has occurred in my physical condition (since the date the approval was given) which might affect my ability to participate in the fitness program. I agree that the West Vancouver Community Centre shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home or a health club, outdoors, or corporate, commercial, residential or other fitness facility) and I expressly release and discharge the West Vancouver Community Centre, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which my heirs, executors, administrators or assigns may have or acclaim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence of intentional act of such a person or persons. This release shall be binding upon my heirs, executors, administrators and assigns. **I have read and understand this term :** _____ **(Initial)**

2) I certify that the answers to the questions outline on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury. **I have read and understand this term :** _____ **(Initial)**

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel light-headed, faint, dizzy, nauseated, or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer. **I have read and understand this term :** _____ **(Initial)**

4) I understand that the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and outside of the sessions. **I have read and understand this term :** _____ **(Initial)**

5) I realize that all Personal Training rates are based on **55 minute sessions** and should I arrive late, there is no guarantee I will receive the full session with my trainer, In return, if my Personal Trainer is late for the session, I will receive the full session time. **I have read and understand this term :** _____ **(Initial)**

6) I understand that that the West Vancouver Community Centre bills its personal training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Cheques are to be made out to the West Vancouver Community Centre. **I have read and understand this term :** _____ **(Initial)**

7) I understand that the West Vancouver Community Centre works on a scheduled appointment basis and thus, requires that **I provide 24 hours notice when** canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with **LESS than 24 hours prior notice**, I will be charged the full amount for that session. I understand that the West Vancouver Community Centre recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress. **I have read and understand this term :** _____ **(Initial)**

8) I understand that during a personal session, my trainer may have to use touch training to correct my alignment and/or to focus my concentration on particular muscle area to be targeted. If I feel at all uncomfortable or experience any type of discomfort with touch, I will immediately request that my trainer discontinue using Touch Training. **I have read and understand this term :** _____ **(Initial)**

9) I understand that all Personal Training sessions will **expire within ONE year from the date of purchase**. Sessions are **non-refundable** unless accompanied by a physician letter indicating a medical reason. Sessions are **nontransferable**. **I have read and understand this term :** _____ **(Initial)**

10) I understand and respect my trainer's time. I realize that the time outside of the 55 minute session the trainer devotes to phone calls, emails, program design, medical clearance etc. is unpaid and on their own time. **I have read and understand this term :** _____ **(Initial)**

I have read this release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with knowledge of its significance.

Client

Date

Trainer

Date