



Personal Training Client Agreement

I, _____, have read and agree to the following:

- Appointments will be scheduled directly through my assigned Personal Trainer and can be scheduled on days and times that are mutually agreed upon.
- I may not bring an outside Personal Trainer into the facility to train me.
- Private personal training sessions are 30 minutes or an hour.
- I understand that I am expected to arrive for my appointments on time, dressed and ready to train. If I arrive late for my appointment, I understand that my training session will end at the previously scheduled time.
- Cancellation Policy: I understand that appointments must be cancelled by contacting the Family YMCA of Emporia-Greenville directly, within 24 hours of my scheduled time, in order to avoid being charged for the full session.
- No Show Policy: I understand that if I do not show up for my training session, I will be charged for the full session.
- In the event that my Personal Trainer fails to contact me within 24 hours of our scheduled session, or does not show up, he/she will schedule an additional session at no cost to me.

Participant's Signature: _____ **Date:** _____

Personal Trainer (Print): _____ **Date:** _____



INFORMED CONSENT FOR PARTICIPATION IN A HEALTH AND FITNESS TRAINING PROGRAM

NAME: _____ DATE: _____

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness.

I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps measure my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.



HEALTH AND MEDICAL QUESTIONNAIRE

Name: _____ Date: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____ (Work): _____

Email address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (Cell): _____ (Home): _____

Personal physician

Name: _____ Phone: _____

Present/Past History

Have you had or do you presently have any of the following? (Check if yes.)

Rheumatic fever

Recent operation

Edema (swelling of ankles)

High blood pressure

Low blood pressure

Injury to back or knees

Seizures

Lung disease

Heart attack or known heart disease

Fainting or dizziness

Diabetes

High Cholesterol

Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) or nocturnal dyspnea (shortness of breath at night)

Shortness of breath at rest or with mild exertion

Chest pains

Palpitations or tachycardia (unusually strong or rapid beat)

Intermittent claudication (calf cramping)

Pain, discomfort in the chest, neck, jaw, arms, or other areas

Known heart murmur

Unusual fatigue or shortness of breath with usual activities

8. Do you smoke? Yes ____ No ____ If yes, how much per day and what was your age when you started? Amount per day ____ Age ____

9. What is your body weight now? ____ What was it one year ago? ____
At age 21? ____

10. How tall are you? _____

11. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

12. List the medications you are presently taking.

13. List in order your personal health and fitness objectives.

- a. _____
- b. _____
- c. _____
- d. _____

Participant's Signature: _____

Date: _____

PAR-Q & YOU

(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, start 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. 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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> 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.

NO to all questions

- If you answered NO honestly 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.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

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.