Participants Information

Today’s Date:______________  Age:______  Height:____________  Weight:____________

Print Last Name:________________________________________ First Name:________________________________________

Phone: (H)_______________________(C)_______________________(W)_______________________

Email:_____________________________________________________________________________

Emergency Contact Information

Name:________________________________________________________________________________________________

Phone:____________________________________ Relationship:__________________________________________________

Fitness Assessment Policies (Please check the box next to each statement. Checking the box indicates that you understand the policies below.)

☐ Expiration: All sessions expire 6 months after purchase

☐ Late Policy: Clients are responsible for arriving to their scheduled session on time. The personal trainer must wait 10 minutes beyond the scheduled start time before the session is considered forfeited. If a client arrives late to a session, the trainer reserves the right to deduct those minutes from the session.

☐ Cancellation: Except in the event of an emergency, a minimum of 24 hours notice is required for the cancellation of a fitness assessment. Trainers should be contacted directly if there is a need to cancel. If a client is unable to reach their trainer, they may contact the Fitness and Wellness office at 304-293-5065 or 304-293-7057.

☐ Health Status: In the event that the status of your health changes, it is your responsibility to notify your trainer and update your paperwork. Certain medical conditions, for your safety and wellbeing, may require a modification to your exercise program.
**AVAILABILITY**

When are you available to meet with your trainer? Please list as many times as possible and be specific:

Monday ______________________________________________________________________________________

Tuesday _________________________________________________________________________________

Wednesday______________________________________________________________________________

Thursday_____________________________________________________________________________________

Friday__________________________________________________________________________________

Saturday_____________________________________________________________________________________

Sunday_________________________________________________________________________________

If applicable, indicate the name of the trainer* you would like to work with:____________________________

*PLEASE NOTE: We allow new clients to request a specific trainer but assignments are made according to availability, scheduling, goals and client load. While we do our best to meet requests, we do not guarantee that trainer preference can be accommodated. We reserve the right to reassign your trainer at any time, if necessary. Refunds are not available for clients who are reassigned and/or requests that are not accommodated. By purchasing your sessions, you agree to these terms.

Do you have any physical limitations or injuries that would restrict/limit participation in any activity? □ Yes □ No

If yes, please specify:

---

**EXERCISE HISTORY and GOALS**

How often are you currently engaging in physical activity? (Days/Week)_________________________

What type of physical activity have you previously/are you currently engaged in?
___________________________________________________________________________________
___________________________________________________________________________________

What are your goals for personal training?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Based on your current knowledge, what do you feel are the four components of a well-rounded fitness routine?
___________________________________________________________________________________
INFORMED CONSENT FOR FITNESS PROGRAMS

General Statement of Program Objectives and Procedures: I understand my individualized program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease body fat and increase muscle size and bone density). Exercises may include aerobic activities (treadmill walking/running, bicycle riding, rowing, group exercise classes, swimming, and other such activities), weight training, and flexibility exercises.

Description of Potential Risks: I understand that the reaction of the heart, lung, and circulatory system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise that may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, fainting and in rare instances, heart attacks and stroke. Use of weight training equipment can lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. Trained staff will be administering and prescribing the fitness program to ensure that these risks are minimized. The staff will instruct you how to properly perform a warm-up, the exercises required of your individualized program, and a cool-down. I understand the equipment I will be using is inspected and maintained on a regular basis.

Description of Potential Benefits: I understand that a program of regular exercise for the heart and lungs, muscles, and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood pressure, improvement in psychological function, and a decrease in the risk of heart disease.

I have read this form and I understand its content and the attendant risks and discomforts associated with beginning a fitness program. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I voluntarily consent to participate in the prescribed fitness program.

Signature: ________________________________ Date: ____________________
(Participant/Parent/Guardian)

Staff’s Signature: ________________________________ Date: ____________________
INFORMED CONSENT FOR FITNESS TESTING

Testing Objectives: I understand that the tests are about to be administered to me are for the purpose of determining my current physical fitness status, including the following:

- Resting Heart Rate and Blood Pressure
- Height and Weight
- Body Composition
- Flexibility Assessment
- Muscular Endurance
- Muscular Strength
- Submaximal Cardiovascular Test

Explanation of Procedures: I understand that the cardiovascular test that I will undergo will be performed on a treadmill, bicycle, step, or premeasured 1.0-mile course. The test is designed to increase the demand on the heart, lungs, and circulatory system by utilizing progressive stages of increasing effort. During the test, heart rate, blood pressure, and RPE will be periodically measured. Body composition will be measured to determine levels of body fat versus fat-free weight by utilizing the skinfolds, circumferences, or a Bioelectrical Impedance Analyzer (BIA). Muscular endurance and strength will be measured through the use of body weight and/or equipment. Flexibility will be determined for the lower back and hamstrings by utilizing a modified sit and reach test. During testing, I understand that the test administrator may stop the test at any time due to signs of fatigue, changes in my heart rate or blood pressure, and other contraindicated symptoms that I may experience. I further understand that I may terminate testing for any reason.

Description of Potential Risks: I understand that there exists the possibility that certain abnormal changes may occur during testing. These changes include, but are not limited to: abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, various muscle and joint strains or injuries, and in rare instances, heart attack, stroke, or death. I understand that every effort will be made to minimize these risks by evaluation of preliminary information relating to my health and by careful observation during testing. Emergency equipment and trained personnel are available to deal with any unusual situation that may arise.

Responsibilities of Participant: I understand that it is of great importance for me to monitor my own condition, as well as the test administrator, throughout testing. Should any unusual symptoms occur, I will immediately cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle pain.

Benefits to be Expected: I understand that the results of these tests will aid in determining my current physical fitness status and in determining potential health hazards. These results will also assist in the development of a beneficial and individualized exercise program.

Use of Medical Records: I understand that any information that is obtained during fitness testing will be treated as privileged and confidential. It is not to be released or revealed to any person except my physician, the test administrator, and his/her supervisor without my written consent.

Freedom of Consent: I hereby voluntarily consent to engage in fitness testing to determine my exercise capacity and state of cardiovascular health. My permission to perform fitness testing is given voluntarily. I understand that I am free to stop testing at any point, if I desire. I have read this form, and I understand the testing procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in fitness testing.

Signature: ______________________________________________          Date: _____________________
(Participant/Parent/Guardian)

Staff’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.

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.

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 __________________________

© Canadian Society for Exercise Physiology

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: 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.

continued on other side...