

The **GARAGE**

Private Personal Training Studio

Personal Information Form

Please complete this form for your Personal Trainer prior to your first scheduled session.

All information received on this form will be treated as strictly confidential.

Name:	Date:
Address	Contact Numbers
Street:	H:
City:	W:
P/C:	Cell:
DOB:	Age:
E-mail:	Occupation:
How did you hear about The Garage?	
Emergency Contacts	
Personal:	Dr:
Physio:	Chiro:

Appointment Cancellation Policy

Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment.

Clients Signature :

Date:

THE GARAGE

537 Veterans Road, Gibsons, BC
 the_garage@telus.net 604.886.3114

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Please complete this form for your Personal Trainer prior to your first scheduled session.

Fitness History

1) When were you in the best shape of your life?			
2) Have you been exercising consistently for the past 3 months? <input type="radio"/> YES <input type="radio"/> NO			
If so how intense? <input type="radio"/> Light (1x/wk) <input type="radio"/> Moderate(2-3x/wk) <input type="radio"/> Heavy (5-6x/week)			
3) What activities are you presently involved in?			
Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
4) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)?			
5) Did you play any sports as a teenager? If so, specify:			

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?
2) How many times a day do you usually eat (including snacks)?
3) Do you skip meals? <input type="radio"/> YES <input type="radio"/> NO 4) Do you eat breakfast? <input type="radio"/> YES <input type="radio"/> NO
4) Do you eat late at night? <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Never
5) How many glasses of water do you drink a day ?
6) Are you currently or have you ever taken a multivitamin or any other food supplements? <input type="radio"/> Y <input type="radio"/> N If yes, please list the supplements:
7) At work or school, do you usually: <input type="radio"/> Eat out <input type="radio"/> Bring food. If so how many times per wk?
8) Do you do your own cooking <input type="radio"/> YES <input type="radio"/> NO
9) Besides hunger, what other reason(s) do you eat? <input type="radio"/> Boredom <input type="radio"/> Social <input type="radio"/> Stressed <input type="radio"/> Tired <input type="radio"/> Depressed <input type="radio"/> Happy <input type="radio"/> Nervous
10) Do you eat past the point of fullness? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never
11) Do you eat foods high in fat and sugar? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never

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Exercise Schedule/ Goal Setting

Please complete this form for your Personal Trainer prior to your first scheduled session.

Exercise Schedule

I am currently interested in 1 session 6 sessions 12 sessions of:

One-on-one Personal Training Other (specify) _____

If you could design your own exercise program, what would an ideal training week look like to you? Please indicate times in table below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Goal Setting

Please check all that apply:

- Lose Body Fat Develop Muscle Tone Rehabilitate an Injury
- Nutrition Education Start an Exercise Program
- Design a more advanced program Sports Specific Training
- Increase Muscle Size Motivation
- Other _____

Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

1)
2)
3)

What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals? Any other relevant info your Personal Trainer should know?

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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 _____

WITNESS _____

or 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.



PAR-Q & YOU

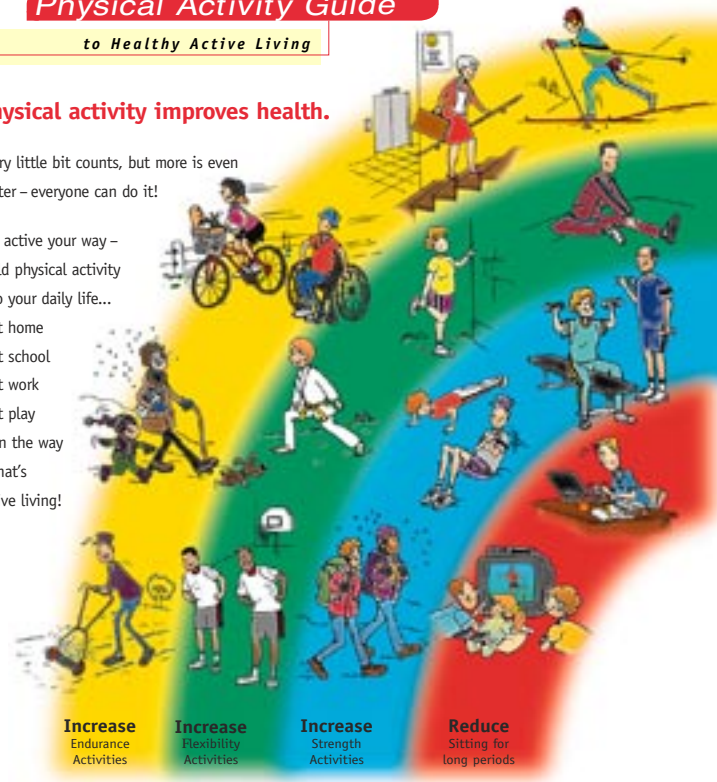
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling	• Light walking	• Brisk walking	• Aerobics	• Sprinting
• Dusting	• Volleyball	• Biking	• Jogging	• Racing
	• Easy gardening	• Raking leaves	• Hockey	
	• Stretching	• Swimming	• Basketball	
		• Dancing	• Fast swimming	
		• Water aerobics	• Fast dancing	
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
• better health	• premature death
• improved fitness	• heart disease
• better posture and balance	• obesity
• better self-esteem	• high blood pressure
• weight control	• adult-onset diabetes
• stronger muscles and bones	• osteoporosis
• feeling more energetic	• stroke
• relaxation and reduced stress	• depression
• continued independent living in later life	• colon cancer

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. **J. Clin. Epidemiol.** 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».

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Fitness Services: Waiver and Release of Liability

In agreeing to participate in recreation and fitness activities at **The Garage Private Personal Training Studio (The Garage)**, I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of The Garage, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of The Garage, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify The Garage and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of The Garage.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE GARAGE AND IT'S PERSONNEL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name (print) _____ Date of birth _____

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