



Personal Training Information Packet

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

Personal Training Registration Form

Client Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name: _____ Phone: _____

Personal Trainers Name: _____

Sessions/Package

Payment Upfront
(60 Minute Session)

Personal Training

1 Session - \$35

5 Sessions - \$165 (\$33)

10 Sessions - \$300 (\$30)

Buddy Training

2 Participants- \$45 (\$22.50)

3 Participants- \$55 (\$18.33)

4 Participants- \$65 (\$16.25)

Terms and Agreements

Upon signing this registration form, the client is committed to a contract with the Town of Wytheville Parks & Recreation and will abide by all terms and agreements listed below. **(Please Initial)**

_____ Client **MUST** have a day pass, silver, or gold pass plan to the Community Center.

_____ There are **NO REFUNDS** if the client wants to terminate the sessions.

_____ If the client is going to be late, a telephone call is required **PRIOR** to the scheduled appointment time. In addition, training times may be changed or cancelled, but the client must give 24 hours notice prior to the scheduled session. Failure to do so will result in the client being charged for the session and will not be allowed to reschedule.

_____ Any session cancelled with appropriate notice (24 hours) must be rescheduled at the time of cancellation.

_____ Client understands and accepts the strenuous tasks that will be performed during these sessions. By signing below, the client is able to participate in the physical activity of a training program and testifies that the information on the medical history form is correct.

Signature of Client: _____ Date: _____

Town of Wytheville Parks & Recreation Informed Consent Form for Participation in a Progressive Exercise Program

By signing this document, I acknowledge that I have voluntarily chosen to participate in progressive physical exercise by a personal trainer, which can enhance the musculoskeletal and cardiovascular systems. In signing this document, I acknowledge being informed of the possible strenuous nature of personal training and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of responsibility, to the Personal trainer, Town of Wytheville Parks & Recreation, facility, or any persons involved with personal training and testing procedures. I understand questions about exercise, testing procedures and recommendations are encouraged and welcomed.

Signed: _____ Date: _____

I understand that I am not obligated to perform nor participant in any activity that I do not wish to do so, and that it is my right to refuse such participation at anytime during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the trainer. I give the personal trainer permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

Signed: _____ Date: _____

Emergency Contact:

Name: _____

Telephone: _____

Town of Wytheville Parks & Recreation Physician Approval/ Waiver

By signing this document, I acknowledge I have read and understand the need to obtain a physician's examination and approval prior to beginning Personal Training. I fully understand that this exercise program may be strenuous and I chose to participate voluntarily. I accept all responsibility for my health and resultant to injury or mishap that might affect my well being or health in any way. I hold harmless any responsibility, claims, demands, injuries, damages, actions, or cause of action to myself or property arising out of or connected to the Personal Trainer, Town of Wytheville Parks & Recreation, facility or any persons involved with this program and testing procedures. Personal Training has been explained to me and all my questions have been answered to my satisfaction, I consent my participation in personal training and I'm fully aware of the procedures and risks that may be involved.

Waiver of Medical Examination

(Please initial if this applies to you)

_____ I am waiving my right to obtain a physician's approval. I hereby acknowledge and I am aware of the risks that may be involved without obtaining a physician's approval prior to starting Personal Training. I will provide my own medical information as indicated on the Medical History Questionnaire (Page 5). I understand that the personal trainer has the right to request a physician's approval upon completion of my medical history questionnaire or at anytime throughout my training sessions.

Physician's Approval

(Please initial if this applies to you)

_____ I will deliver the Physician's Approval form (Page 6) to my doctor myself and will return it to the trainer upon his/her completion before participating in Personal Training.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Medical History

Client Name: _____ Date: _____
Age: _____ Height: _____ Weight: _____ Blood Pressure: _____

Please check all that apply:

- Recent illness, hospitalization, or surgical procedure
- Heart attack, coronary bypass, cardiac surgery, stroke
- Abnormal resting or stress ECG
- Uneven, irregular, or skipped heartbeats (including a racing or fluttering heart)
- Abnormal blood lipids
- Family history of coronary or other atherosclerotic disease prior to age 55 (males)/65(females)
- Diabetes
- High blood pressure
- Pregnant
- Pulmonary disease (asthma, emphysema or bronchitis)
- Rheumatic Fever
- Light headedness, fainting, blackouts, seizure, or epilepsy
- Chest pain at rest or exertion
- Unusual shortness of breath
- Orthopedic problems (arthritis or any other bone, joint or muscle problems)
- Smoking
- Alcoholism/Substance abuse
- Physical Inactivity
- Medications: _____
- Drug Allergies: _____

Recommendations/Health Status Classification: (Personal Trainer Only)

- Refer to Medically Supervised Physician
 - Apparently Healthy
 - Increased Risk
 - Known Disease
- Comments: _____

Physician's Approval

To: Town of Wytheville Parks & Recreation

Address: 333 Community Boulevard, Wytheville, VA 2382

Phone Number: (276) 223-3538

Fax Number: (276) 223-3364

_____ has been examined and has my approval to participate in a progressive exercise program. I understand the physical and physiological stressors of the program and see no reason why the above named person should not participate.

Not Approved: _____ has been examined and does not have my approval to participate in a progressive exercise program.

Physician's Name (Please Print)

Medical Facility

Physician's Signature

M.D. _____
Date

Type of Activity:
Cardiovascular
Resistance Training
Flexibility
Other

Recommended Intensity:

Physician's Recommendations/Contraindications:

Personal Fitness Goals Questionnaire

Please indicate your personal health and fitness goals by checking the following boxes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Muscle Tone/Definition | <input type="checkbox"/> Increase Strength |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Cardiovascular Endurance | <input type="checkbox"/> Sport Specific |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Injury Rehab | <input type="checkbox"/> Improve Nutrition |
| <input type="checkbox"/> Speed/Agility | <input type="checkbox"/> Aerobic Fitness | <input type="checkbox"/> Gain Weight |

Other (Please Describe):

How many days a week do you currently exercise?

- 0 1-2 3-4 5+

Are you currently involved in regular cardiovascular exercise?

- Yes No If yes, please specify: _____

Are you currently involved in regular strength training?

- Yes No If yes, please specify: _____

What are your activity/exercise preferences?

What types of activity/exercises do you not like?

What goals do you want to accomplish?
