

Personal Training Package

Thank you for choosing Personal Training services with Richmond community centres.



Please complete the accompanying forms, which include:

- Client Information Form
- Client Contract
- PAR-Q+ (Physical Activity Readiness Questionnaire)

Pre-Appointment Guidelines:

- Ensure you have had a healthy meal or snack 1–2 hours prior to your session.
- Wear appropriate workout wear.
- Bring a water bottle and a workout towel.

What are your preferred training days and times?

(e.g., Monday, Wednesday and Friday, 10:00–11:00 a.m.)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Trainer Preference (optional)

I would like to train with: _____



Personal Training Client Information

Name: _____ Date: _____

Phone Home: _____ Work: _____ Cell: _____

Age: _____ Birth date: _____

Email address: _____ Occupation: _____

Emergency contact: _____ Phone: _____

Fitness Goals (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lose body fat | <input type="checkbox"/> Improve overall health |
| <input type="checkbox"/> Increase muscle tone | <input type="checkbox"/> Learn proper exercise technique to avoid injury |
| <input type="checkbox"/> Increase muscle size | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Improve cardiovascular health | <input type="checkbox"/> Other: _____ |

Fitness and Lifestyle Related Questions

Current injuries: _____

Past injuries: _____

Current medications: _____

Do you have any other health issues, injuries or conditions that your Personal Trainer should be aware of?

Yes No If yes, please list:

Do you smoke? Yes No If yes, how many cigarettes per day? _____

How many hours of sleep do you get per night (on average)? _____

On a scale from 1 to 5, how would you rate your stress level (1=low, 5=high)? _____

On a scale from 1 to 5, how would you rate your nutrition (1=poor, 5=good)? _____

What are your biggest nutritional challenges?

Do you currently engage in any physical activity? Yes No

If yes, what type of activity and how often?

If no, did you previously engage in physical activity? Yes No

If yes, why did you stop?

Personal Training Client Contract

Please check beside each statement and sign that you agree to the conditions below.

- I have read and completed the Client Information and PAR-Q+ forms. I have answered all questions truthfully, and received medical clearance to exercise in writing if deemed necessary.
- I agree to inform my Personal Trainer of any changes to my health that may affect my ability to exercise safely.
- I understand that a change to my health may necessitate obtaining further medical clearance to exercise and I agree to obtain this clearance, in writing, if requested by my Personal Trainer.
- I agree to give at least 24 hours notice to reschedule a session and acknowledge that if less than 24 hours notice is given I may be charged in full for the session.
- I agree that if I arrive late for my session, I will receive only the remaining scheduled session time.
- I acknowledge that I am responsible for my success. I understand that regular appointments are recommended and to maximize my progress I will follow my Personal Trainer's recommended fitness program.
- My Personal Trainer is responsible for being professional (punctual and prepared), knowledgeable and encouraging. It is expected that the exercise program assigned will be safe and relevant to my goals and abilities.
- I understand that I am required to produce my Fitness Pass card for admission to the facility prior to each training session. If I am not a pass holder I will pay the drop-in rate if I am using the facility before or after my session.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____