

Personal Training Client Package

Dear Client,

Before meeting with the trainer, ALL forms must be completed. Please fill out each section carefully and truthfully. This will help us to better fit your needs.

To be completed before first training session

- ◆ Personal Fitness Training/Health History
- ◆ Participation Agreement (Page 6)
- ◆ Consultation with Trainer (After paperwork is turned in)

Thank you so much for taking the time to fill out the client package. Our trainers are eager to get started with you!

30 minutes (\$20 per session)

1 hour (\$30 per session)

Sessions with a Partner

Group of 2 or more (\$5 off each person) **Only applies to the hour session.

“Trainer Discretion”- Must be compatible and have similar goals.

After you have filled out this information, please return to Ryan Torrey or to the Well Coffee House. You will be contacted by the trainer that suits you best!

All information will be kept confidential.

Thanks!

Ryan Torrey

Well Fit Director

ryan.torrey@cwclife

570-742-3818

www.thewell.us

Personal Fitness Training

Client Exercise History Questionnaire

Name: _____ Date: _____

DOB: _____ Age: _____ Gender: M F

Address: _____

Home Number: _____ Cell Number: _____

E-mail Address: _____

Contact in case of emergency: _____ Number: _____

Current Weight: _____

Do you smoke? Yes No How Often: _____

Do you consume alcohol? Yes No How Often: _____

Primary Health Care Provider

Doctor: _____ Phone: _____

Address: _____

Are you currently on medications? Yes No If Yes: _____

Do you or have you had an injury of some sort? Yes No

If Yes: _____

Do you have high blood pressure? Yes No

Please check all conditions that you have or have had in the past.

- | | |
|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Anxiety or depression |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Migraine or headache | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Neck problems | <input type="checkbox"/> Limited range off motion |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Swelling off joints |
| <input type="checkbox"/> Shortness off breath | |

Explain any condition that you may have checked (restrictions, treatments, symptoms)

Do you have any other condition we should know about? Yes No

If Yes: _____

When was the last time you were seen by a physician? _____

Have you had a surgery in the past 2 years? What? _____

Have you ever worked with a Personal Trainer before? Yes No

What did you like most about working with them? _____

Describe what you would like to accomplish through your fitness program? Describe your long term and short term goals.

How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

What time would you prefer to work with a trainer?

Morning Afternoon Evening Time Frame: _____

What are your best days for your workouts? (Be specific)

What are your struggles/challenges when it comes to physical activity?

Is there anything else your trainer should know?

If asked, would you be willing to share your testimony of how our personal trainers have

helped change your life? Yes No

Would you be willing to have a before picture and after picture taken while training?

Yes No

(This is to help you see the progress you have been making and it will be kept completely confidential.)

Personal Trainer Preference: MALE FEMALE

Participation Agreement

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks or injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

*I consent to any or all images made of me, by whatever means, to be used for publicity and/or outreach materials for Christ Wesleyan Church in any format including video, website and print. I understand that if my image is published on the internet then it will be accessible to users from all over the world and may be copied and used by any other person using the internet. Most importantly, I understand that once my image has been published on the internet, Christ Wesleyan Church has no control over its subsequent use and disclosure by others. I agree to hold Christ Wesleyan Church harmless against any and all claims or damages arising out of the making, and/or use, of any images of me.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ALL parent/guardians if participant is a minor)

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would prohibit safe participation in this exercise program.

Signed: _____ Date: _____