



Personal Training Packet

Congratulations on taking the next step toward achieving your health and fitness goals!

We applaud you for making the decision to take an active role with your health and well-being and the entire Zeeland Recreation staff is dedicated to helping you to improve yourself and your quality of life!

Once completed, please bring your packet and your preferred method of payment to the Zeeland Recreation Service Desk. After you have submitted your packet and purchased your desired Personal Training package, you will be contacted within 48 hours to set-up your initial consultation with our trainer and you will be well on your way to a healthier, happier you! Questions? Please call 748-3230.

Personal Training Etiquette

Please observe the following training etiquette:

- Clients must be a current Zeeland Recreation Cardio & Fitness gym member.
- Payments must be made in advance.
- Appointments must be cancelled 24 hours in advance by calling Zeeland Recreation (748-3230). Failure to do so will result in forfeiture of that session.
- A complimentary consultation with your trainer will be scheduled prior to/or combined with your first training session.
- Training sessions are 30 minutes long. If you are late for a session, the time will be subtracted from the training session. Trainers will only wait 15 minutes for late arrivals before the session is forfeited.
- To maximize your training session, please devote your full attention to your session.
- Please follow all Zeeland Recreation Fitness Center policies and guidelines.
- Sessions may be redeemed by the purchaser only. (An exception will be made if the personal training package is purchased as a gift.)
- All personal training packages expire 12 months after purchase date. All personal training packages are non-refundable. (Exception: In the event of changes in medical condition resulting in physical limitations a refund less \$25 will be issued. A physician letter is required.)

Client/Personal Trainer Guidelines

The guidelines outlined below ensure the responsibilities and the relationship between the Client and the Trainer are clearly outlined and understood.

Client's Responsibilities:

It is very important for you to share all health history information and any medical concerns with your trainer. Notify your trainer of any medications you are currently taking and anytime new medications or diagnoses are given, it is imperative that you inform your trainer. Medications and certain conditions may pose risks to some types of training and your trainer must be aware in order to adjust your program safely and accordingly.

If at anytime during your training session you feel discomfort or pain you must tell your trainer. It will take hard work and dedication for you to reach your fitness and health goals. Your trainer will provide the correct exercise program and technique; however, you must provide the commitment of your energy and concentration during each session.

Trainer's Responsibilities:

Each training session will be individually designed in order for you to meet your fitness and health goals. Each session will last a maximum of 30 minutes. Your trainer will create a workout program that is safe, effective, and designed specifically to help you reach the goals that have been agreed upon by you and your trainer.

If your trainer must cancel a session, the session is owed to you. If your trainer is late for a session, the time is owed to you.

All information regarding your program and your progress is confidential and will be kept on file for a minimum of 3 years following the end of your participation in the program.

I understand and agree to the responsibilities explained above.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Client Profile

Name: _____ Age/DOB: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Occupation: _____ Hours/Week: _____

Prescribed Medications: _____

List any medical issues that you have been treated for/are currently being treated for: _____

Are you currently experiencing pain during daily activity? _____

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

If yes, when, for how long, and what was the outcome? _____

Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Date: _____
(Please print)

Please read the following questions carefully and check (X) the appropriate answer. Answer all questions honestly and to the best of your ability.

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or that you should only do physical activity recommended by a doctor? |
| _____ | _____ | 2. Do you feel pain in your chest when you do physical activity? |
| _____ | _____ | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| _____ | _____ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| _____ | _____ | 5. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity? |
| _____ | _____ | 6. Do you have a diagnosed illness that could be made worse by physical activity? |
| _____ | _____ | 7. Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| _____ | _____ | 8. Are you pregnant? |
| _____ | _____ | 9. Are you over the age of 69 and not accustomed to vigorous exercise? |
| _____ | _____ | 10. Do you know of any reason why you should not do physical activity? |

If you answered YES to one or more questions, you must consult with your physician and complete a medical clearance form BEFORE beginning an exercise program.

I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no know conditions that would prevent me from participation. I understand that by signing this agreement I hereby waive and release Zeeland Recreation, its staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation.

Signature of Participant

Date

Client Goals

Why are you seeking a Personal Trainer?

What are your objectives in your personal fitness program?

Please list 2 short-term health and fitness goals:

1)

2)

Please list 2 long-term health and fitness goals:

1)

2)

Measuring your fitness level regularly is one way to find out if you are making progress. What is your preferred method of benchmark?

Describe your attitude toward exercise?

What motivates you?

What makes you 'fall off' your health and fitness routine?

What are your favorite physical activities?

What are your least favorite physical activities?

What is your favorite type of music to listen to while you're exercising?

Where will you find support during your training efforts?

Have you communicated your goals and needs to your support person/group?

Do you have any concerns regarding your training?

When you achieve your health and fitness goals, what are you most excited to do and/or accomplish?

When you achieve your health and fitness goals, how will you reward yourself?

Zeeland Recreation Fitness Center Membership Waiver

I hereby expressly consent to my use of the Zeeland Recreation Fitness Center which includes use of the Cardio and Fitness Gym and participation in any and/or all Adult Fitness Classes. I acknowledge that such use will necessarily involve participation in exercises that are physically demanding and will subject the participant to stress, anxiety and possible hazards.

I understand that the activity in which I want to participate in involves inherent other risks of injury. I voluntarily agree to expressly assume all such risks which may result from the activity or in any way related to my participation in the activity.

In consideration of the right to participate in the activity, I hereby release from any legal liability Zeeland Recreation and its employees, staff, instructors and all individuals assisting with the activity for my death, disability, personal injury, property damage, property theft, or actions of any kind caused by or resulting from my participation in the activity or in any way connected with my participation in the activity. This agreement will apply for each and every day I engage in the activity without requiring me to sign an additional form for each day or activity. []

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or Zeeland Recreation to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

If participant is less than 18 years of age, the undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY
AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

Print Name Date

Signature of Participant Date

Signature of Parent/Legal Guardian (If participant is less than 18 years of age)

Birth Date (if under 18)_____