

# PERSONAL TRAINING CLIENT PACKAGE



## Welcome to the JCC Personal Training Department!

### Our Personal Training Team is committed to:

Educate, motivate and support you throughout your fitness journey.  
Help you plan and obtain measurable and realistic goals.  
Encourage you to develop your greatest fitness potential.

### Please read carefully the following terms and conditions:

- We ensure the confidentiality of all health reports, records and files containing our clients' names and other personal information.
- This package must be completed in full and submitted to your trainer before you begin your sessions. Please give this package to your trainer prior to your first session.
- Please make sure you have purchased your session(s) before you meet with your trainer and bring your receipt to your session.
- Please be advised that there is 12 month expiry date from the date of purchase.
- 24 hours notice is required to change or cancel appointments. Otherwise, you will be charged in full for the session. Please contact your trainer directly if you need to cancel and/or reschedule an appointment.

### Included in this package:

1. Health History
2. Informed Consent
3. Personal Training Information
4. Par Q

### Return these forms to your trainer 24 hours prior to your session:

**By fax:** 604-257-5119 Attention: Personal Training

**Drop off:** JCC Reception, Attention Personal Training

**In-person:** Hand to Fitness Centre attendant or your trainer

### Your Appointment

Please call 604-257-5111 (ext 292)  
or e-mail at [personaltraining@jccgv.bc.ca](mailto:personaltraining@jccgv.bc.ca)  
if you have any questions.

Yours in health,

*Shari Feuz*  
Personal Training Supervisor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Trainer: \_\_\_\_\_

Session Type: \_\_\_\_\_

# Health History Form

The following information will assist us in creating a personalized program that will meet your fitness needs. Please answer all sections to the best of your ability.

- **Name Birth Date** \_\_\_\_\_
- **Phone #** \_\_\_\_\_
- **Gender**                       **Male**                       **Female**
- **Email** \_\_\_\_\_
- **Emergency Contact's Name** \_\_\_\_\_
- **Emergency Contact's Phone #** \_\_\_\_\_
- **Relation to you** \_\_\_\_\_

1. Do you have any chronic conditions? To ensure your safety when designing your program, please check if any of the following conditions apply to you and provide any extra information that may be relevant.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Fibromyalgia     | <input type="checkbox"/> Thyroid Conditions |
| <input type="checkbox"/> Chronic Fatigue     | <input type="checkbox"/> Stroke           | <input type="checkbox"/> Osteoporosis       |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Stress           | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> High Cholesterol   |
| <input type="checkbox"/> Hernia(s)           | <input type="checkbox"/> Lung Conditions  | <input type="checkbox"/> Arthritis          |
| <input type="checkbox"/> Kidney Conditions   | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Other              |

Further information:

---

---

---

---

2. Please list and explain any prescription medications you are currently taking:

---

---

---

3. Please list and explain any over the counter medications or supplements you are currently taking:

---

---

---

4. Have you had any joint or muscle injuries and/or concerns? Please check all that apply to you and provide any further relevant information.

- |                                     |                                 |                                |
|-------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Neck       | <input type="checkbox"/> Elbow  | <input type="checkbox"/> Arms  |
| <input type="checkbox"/> Shoulder   | <input type="checkbox"/> Wrist  | <input type="checkbox"/> Legs  |
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Hips   | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Mid-Back   | <input type="checkbox"/> Knees  | <input type="checkbox"/> Foot  |
| <input type="checkbox"/> Lower Back | <input type="checkbox"/> Ankles |                                |

Further information:

---

---

---

5. Briefly outline any surgeries (e.g. Type, date, special considerations, etc).

---

---

---

6. Do you smoke:  yes  no

If yes, how much: \_\_\_\_\_

7. Have you been active within the last 6 months?  yes  no

If no, how long have you been inactive for? \_\_\_\_\_

If yes please list your current activities you perform, as well as frequency, intensity and duration \_\_\_\_\_

8. Please name physical activities that you have enjoyed in the past?

---

---

---

9. Please outline 3 fitness goals in order of priority that you would like to achieve within the next 6 months.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

10. What are your available training times?

Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Do you have a preferred trainer(s)? \_\_\_\_\_

11. Have you already made contact or set up a session with a trainer?  yes  no

# Release, Waiver and Assumption of Risk

**THIS IS A LEGAL WAIVER. PLEASE READ CAREFULLY.**

I \_\_\_\_\_ have volunteered to participate in a fitness program provided to me by my Personal Trainer, \_\_\_\_\_, herein referred to as the "Trainer") at The Jewish Community Centre of Greater Vancouver (herein referred to as the JCCGV) and to use its facilities, equipment and machinery, therefore, I agree to the following waiver and release.

I for myself, my heirs, executors or anyone else who may claim on my behalf hereby waive, release and forever discharge the JCCGV and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from personal injury, death, damage to property or loss of any kind resulting from my participation in any activities or my use of equipment or machinery under the care of my Trainer.

I do also hereby release the JCCGV and its officers, agents, employees, representatives, executors and all others from any responsibilities or liability for any injury or damage to myself, including those caused by negligence.

I understand that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities with certain risks and benefits, some of which include but are in no way limited to: soft tissue injuries such as wounds, sprains, acute strains, broken bones or head injuries; back, neck, knee and foot injuries; heart attacks; improved cardiovascular fitness and flexibility; and increased strength and muscle tone.

I also understand that while some of the risks and hazards involved in using the equipment and facilities of the JCCGV are foreseeable, others are not.

I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I have read, understand, and have had the opportunity to ask questions regarding this legal document.

Participant's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
(if participant under 18years)

Trainer's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

# Personal Training Information

**Please read carefully and initial each of the following points:**

- \_\_\_\_\_ Dress appropriately for the activity you will engage in. Please wear appropriate foot wear (no open-toed shoes). Clothing should be comfortable. Bring a water bottle and towel.
- \_\_\_\_\_ Proper nutrition is the foundation of a healthy body. Working out on an empty stomach may cause dizziness and premature fatigue. A light snack 1.5 hours prior to exercise or a fruit / vegetable 20 minutes prior to your workout is recommended.
- \_\_\_\_\_ Answer the questions on the ParQ form to the best of your knowledge. Medical clearance is required if you have any medical problems and have answered yes to any of the questions on this form.
- \_\_\_\_\_ If you feel light headed, faint, dizzy, nauseated or experience pain or discomfort stop the activity and inform your personal trainer.
- \_\_\_\_\_ The results of any fitness program cannot be guaranteed. Your progress depends on your effort and cooperation in and outside of the sessions.
- \_\_\_\_\_ It is your responsibility to inform your personal trainer of any conditions or changes in your health which might affect your ability to exercise safely with minimal risk of injury.
- \_\_\_\_\_ Many sessions are booked back to back. It is very important to be on time for your session. If you arrive late for a session, it will still end at the scheduled time. If the trainer arrives late, you will receive a full hour. If you are more than 15 minutes late for your appointment – you **MUST** inform your Trainer. Failure to do so may result in a loss of your session; this session will be charged as a “no show”. Your Trainer is not expected to wait without confirmation that you will arrive.
- \_\_\_\_\_ It is important for us to respect our instructors' work schedules. Therefore, we ask that you provide a **minimum of 24 hours notice** if you are unable to attend an appointment. Less than 24 hours notice will result in a charge for the missed session.
- \_\_\_\_\_ Youth under the age of 13 are not allowed in the weight room except while working out with a Personal Trainer.

We are committed to help you reach your health and fitness goals. By adhering to all of the above we can help make it happen.

I understand the policies set out above.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_  
(If under 18)