

Personal Training Client Package

JEWISH COMMUNITY CENTRE OF GREATER VANCOUVER



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.

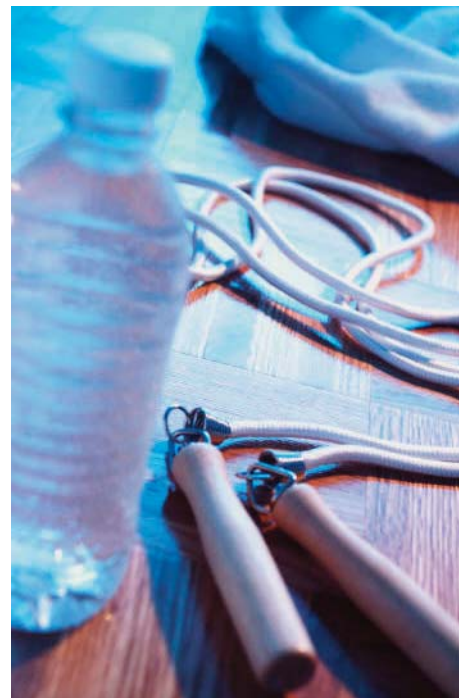
Please read carefully the following terms and conditions:

- 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. 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 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

Please call 604-257-5111 (ext 218)
or e-mail at personaltraining@jccgv.bc.ca
if you have any questions.

Yours in health,

Natalia Orekhova
Personal Training Supervisor



Join the Personal Training Experience!

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)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

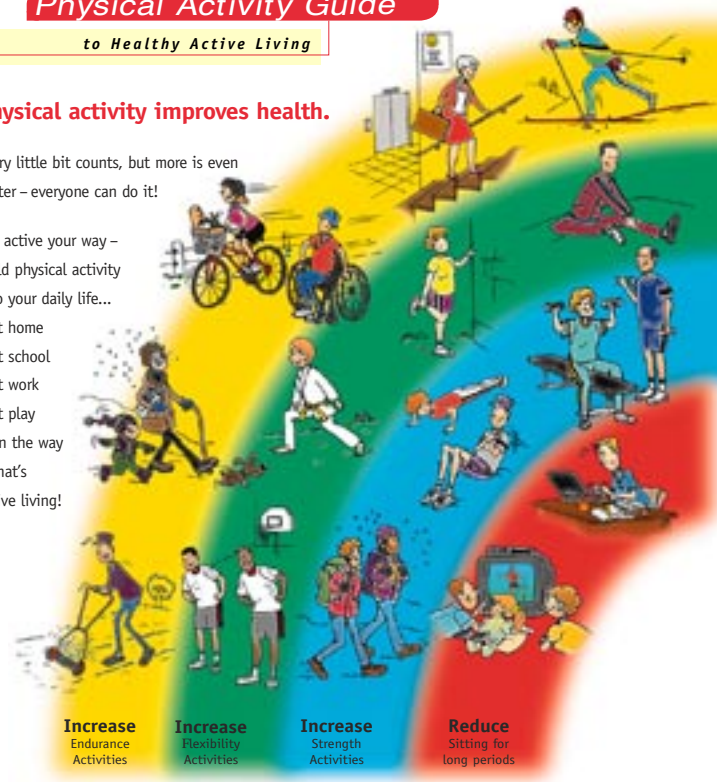
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
60 minutes	30-60 minutes	20-30 minutes		
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. **J. Clin. Epidemiol.** 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».