



SPORT TRAINING CLIENT INFORMATION QUESTIONNAIRE

NOTE: Please complete prior to your first session

Name: _____

Date: _____

OFFICE USE ONLY:

Body Weight: _____

Body Fat: _____

BMI: _____

Max Push Ups: _____

Max Pull Ups: _____

Max Crunches (1 min): _____

(403) 225-9701
calgarystudio@strivefitness.ca
www.strivefitness.ca

CLIENT INFORMATION QUESTIONNAIRE

Please complete and return prior to or on the first day of your training or the camp.

All information received on this form will be treated as strictly confidential. Please fill out the forms ***completely and accurately.***

Name: _____ Date of Birth _____ / _____ / _____ Age: _____
M D Y

Address: _____
Street City Province Postal Code

Phone: _____ (h) _____ (o) _____ (fax)

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____
Street City State Zip Code

Please provide 48 hours notice if you need to cancel or reschedule your Personal Training appointment.

Strive Fitness and Sport Training
p. (403)225-9701
calgarystudio@strivefitness.ca www.strivefitness.ca

Personal Trainer/Sport Camp: _____

1st Appointment date: _____

PAR-Q FORM

Please mark YES or No to the following:

YES

NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Miscellaneous Questions:

1. How did you hear about us? Please check that which applies.

Brochure Word of Mouth Yellow Pages Website Other _____

2. If you were referred to us, who told you about our services?

3. Why did you choose to train with Strive Fitness instead of another organization? Please check that which applies.

Location Personal Trainers Cost Customer Service Word of Mouth Programs
 Other _____

4. How far do you live from our training studio? _____ Kilometers

5. Which newspaper(s) do you read? _____

6. Which radio station(s) do you listen to? _____

7. Which local magazine(s) do you read? _____

8. Which local morning TV show do you watch? _____

9. What would cause you to discontinue training with Strive Fitness?

10. The Gift of Fitness:

At Strive Fitness we rely on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to jot down the names of 2 friends who you would like to offer a complimentary consultation to. Once you discuss this with them, we'll call them and book them for their first session.

Name

Phone

i. _____

ii. _____

PERSONAL TRAINING PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, Wish to participate in the exercise and training program offered by Strive Fitness. I understand that there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Strive Fitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, or anywhere else outside of the facility) and I expressly release and discharge Strive Fitness, its owners, employees, agents and/or assigns, from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

2) I certify that the answers to the questions outline the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Trainer of any conditions or changes in my health, now and on-going which might affect my ability to exercise safely and with minimal risk of injury.

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

5) I understand that all personal training rates are based on 55 minute sessions (except specialty programs) and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

6) I understand that Strive Fitness bills its personal training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made payable to Strive Fitness. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training (unless there is set camp dates in which I will complete my sessions during this time) sessions must be redeemed within one year of purchase.

7) I understand that Strive Fitness operates on a scheduled appointment basis and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with 48-24 hours prior notice, I will be charged 50% of the charged fee for that session. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that Strive Fitness recommends that all canceled sessions be rescheduled to ensure consistency and fitness progress.

8) I understand that during a personal training session, my trainer may have to correct my alignment and/or focus my concentration on a particular muscle area to be targeted, by touching the targeted area. If I feel uncomfortable or experience any type of discomfort, I will immediately request that my trainer discontinue touching me in any way.

9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by Strive Fitness, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

NOTE: If the participant is under the age of majority, a parent or legal guardian must sign below.

PRINTED CLIENT NAME _____

CLIENT/PARENT-GUARDIAN SIGNATURE _____

DATE: _____