



Personal Training

Registration Form & Physical Activity Readiness Questionnaire (PAR-Q)

CLIENT INFORMATION

Full Name

Date of Birth

Age

Contact Number

Email Address

Occupation

Emergency Contact Name and Number

TRAINING BACKGROUND

How many years have you been exercising regularly?

- ☐ I haven't exercised regularly
- ☐ Less than 1 year
- ☐ 1–3 years
- ☐ 3–5 years
- ☐ 5+ years

How many days per week do you currently exercise?

- ☐ 0 — I am currently inactive
- ☐ 1–2 days
- ☐ 3–4 days
- ☐ 5+ days

Have you previously worked with a personal trainer?

- ☐ Yes
- ☐ No

If yes — what did you like about the experience and what would you want to do differently?



What types of exercise do you currently do? _____

Are there any types of sports or training styles you particularly enjoy?

Are there any exercises, movements, or training environments you dislike or want to avoid?

SECTION 3: CURRENT FITNESS & LIFESTYLE

How would you describe your current fitness level?

- ☐ Untrained / Sedentary
- ☐ Moderate
- ☐ Good
- ☐ Excellent

How would you describe your occupation in terms of physical activity?

- ☐ Mostly sedentary (desk-based)
- ☐ Light activity (on my feet but not physically demanding)
- ☐ Moderately active
- ☐ Physically demanding

How many hours of sleep do you typically get per night?

- ☐ Less than 5 hours
- ☐ 5–6 hours
- ☐ 7–8 hours
- ☐ More than 8 hours



How would you describe your sleep quality?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

How would you describe your current stress levels?

- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Very high

How would you describe your current eating habits?

- ☐ Poor — I don't pay much attention to what I eat
- ☐ Fair — I try to eat well but it's inconsistent
- ☐ Good — I eat fairly healthily most of the time
- ☐ Excellent — I follow a consistent, balanced and healthy diet

Do you currently track your food intake or follow a specific diet or nutrition plan?

- ☐ Yes
- ☐ No

If yes — please describe:

Do you smoke?

- ☐ Yes
- ☐ No
- ☐ Previously, but no longer

If you drink alcohol, approximately how many units of alcohol do you consume per week?

A unit of alcohol is equivalent to half a pint of regular beer, lager, or cider (around 4% ABV), one single measure (25 ml) of spirits (e.g., vodka, whisky, or gin) or one small glass (125 ml) of wine



Do you take any supplements or medications that may affect training?

- ☐ Yes
- ☐ No

If yes — please provide details:

Your Height: _____ **Your Weight:** _____

SECTION 4: GOALS & MOTIVATIONS FOR TRAINING

What are your primary goals from personal training?

Select all that apply

- ☐ Lose weight / improve body composition / posture
- ☐ Build muscle and strength
- ☐ Improve overall fitness and health
- ☐ Improve mobility and flexibility
- ☐ Improve endurance
- ☐ Rehabilitate or manage an injury
- ☐ Prepare for a specific event or challenge
- ☐ Build confidence in training
- ☐ Establish a consistent, long-term, training habit
- ☐ Improve energy levels and general wellbeing
- ☐ Other: _____

Is there a specific target, event or date you are working towards? _____

How many days per week do you currently exercise? _____



How many coached sessions per week are you looking to train?

- ☐ 1 session per week
- ☐ 2 sessions per week
- ☐ 3 sessions per week
- ☐ Other: _____

What time of day works best for you to train?

- ☐ Early morning (before 8am)
- ☐ Morning (8am–12pm)
- ☐ Lunchtime
- ☐ Afternoon
- ☐ Evening

Do you intend to train independently between coached sessions?

- ☐ Yes
- ☐ No
- ☐ Unsure — I'd welcome guidance on this



MEDICAL QUESTIONS

Please answer all questions honestly. Your safety is our priority.

- | | | |
|---|---------------------------|--------------------------|
| Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? | ☐ Yes | ☐ No |
| Do you feel pain in your chest when performing physical activity? | ☐ Yes | ☐ No |
| Have you experienced chest pain when NOT performing physical activity in the last month? | ☐ Yes | ☐ No |
| Do you lose your balance because of dizziness or have you lost consciousness recently? | ☐ Yes | ☐ No |
| Do you have any bone or joint problems such as arthritis, which could be aggravated through physical activity? | ☐ Yes | ☐ No |
| Is your doctor currently prescribing you medications for high blood pressure or a heart condition? | ☐ Yes | ☐ No |
| Have you had an operation in the last 12 months or any significant injuries in the past 24 months? | ☐ Yes | ☐ No |
| Do you currently have any injuries, pain, movement limitations or other circumstances that may affect training? | ☐ Yes | ☐ No |
| Is there anything we should know to help coach you safely and effectively? | ☐ Yes | ☐ No |

If you answered 'Yes' to any of the above, please provide details below:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult your doctor before commencing an exercise programme or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to exercise as long as you adhere to some guidelines.

When to delay the start of an exercise program: if you are feeling unwell because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are or may be pregnant, talk with your doctor before you start becoming more active.

PLEASE NOTE: even if you answered NO to all the PAR-Q questions, if your health changes so that subsequently you would answer YES to any of these questions, you should immediately inform your instructor. You should consult your doctor to confirm whether it is appropriate for you to change your physical activity or exercise plan.



INFORMED CONSENT FOR PARTICIPATING IN PHYSICAL ACTIVITY

The purpose of an exercise programme is to help you to achieve health and fitness goals. Your programme will be based upon your present activity/exercise levels and the goals that you wish to achieve. You should expect to experience some feelings of exertion during each activity session. In particular, your breathing and heart rate will increase as would be expected from physical exercise of this type. As your fitness improves, you will participate in more vigorous levels of activity, if this is part of your goal, but these should remain within your capabilities. All activities will be explained and demonstrated to you but please feel free to ask questions about anything you wish.

Any exercise programme carries with it an element of risk. Your sessions are designed to minimise the risks whilst providing an effective exercise. Please inform your trainer if, for any reason (such as illness or injury which might be aggravated by exercise, or eating certain foods), you should not participate in an activity.

During your sessions with your trainer present you will be closely supervised. During your sessions where your trainer is not present you will be responsible for your own safety. If, at any time, you feel undue pain or excessive discomfort stop the activity and inform your trainer of your symptoms.

You are free to withdraw from any activity at any time you wish.

CLIENT DECLARATION AND SIGNATURE

By signing this declaration, I confirm that I have read, understood, and completed this Physical Activity Readiness Questionnaire (PAR-Q) truthfully and completely. All questions have been answered to the best of my knowledge. The nature, purpose, risks and benefits have been explained to me and I understand what is required of me and that I may withdraw at any time. I also confirm that I have read and accept RowStrong's Terms of Business which may be found at www.rowstrongcoaching.com/terms.

Client Signature

Date

Trainer Signature

Date

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