

*Linda N. Magee, MA*

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860-617-3634

# **CLIENT INFORMATION PACKET**

**CONGRATULATIONS** on making your first step to a fitter, healthier you. My purpose as your personal fitness trainer and Pilates instructor is to simply help you “improve your quality of life.” Living in such a busy world does not always afford everyone the opportunity to get in that much needed workout. However, you have decided to make the time by hiring me to help you meet your health and fitness goals.

According to the American College of Sports Medicine (ACSM), you should participate in at least two resistance training sessions per week, and three to five days of cardiovascular training. Eventually, you'll progress to doing some type of activity most days of the week, some of which may be done on your own. I'll help you plan and schedule these workouts so that it's easy for you to complete them. After four to six weeks of training, if not sooner, you should start seeing some great results.

To make sure that you don't encounter a fitness plateau, I will periodically reevaluate your exercise program. Constant supervision and adjustment are essential features of responsible fitness training.

After completely filling out the new client information packet, please either print it out and have it ready for our appointment or email the forms back to me. During our first appointment we will review these forms, and possibly do some assessments. This is going to be our starting point, so that we have some baseline information to begin an appropriate level of training for you.

In closing, remember, I am here for you. If you have any questions, feel free to give me a call, text, or email and I will answer them as best I can. Again, thank you very much for your decision to invest in me and I look forward to working with you.

Linda N. Magee, MA  
Certified Exercise Physiologist, ACSM  
Master Trainer, Certified Nutrition Coach, NASM  
Master Instructor, Group Fitness Instructor, AFAA

# **PRICING and GENERAL PROGRAM POLICIES**

## **ONE-ON ONE SESSIONS**

<i>No. of sessions</i>	<i>\$ per session</i>
Single session	\$70
Thirty Minute Session	\$40
Two or more sessions weekly	\$65
Semi-private: first person 100%, each additional person 50%	

In home training and off-site facility prices adjusted based upon distance. Sales tax is not included in above pricing but may be added pending on location.

All sessions are pre-paid monthly.

Payments accepted: venmo (@Linda-Magee-2), cash, checks. There will be a \$25 fee for returned checks.

### **Promptness.**

To get the most out of your time and efforts, please be ready to exercise at the appointed time. Because clients are usually scheduled before and after you, your trainer may also have a meeting or personal development time immediately after your session. Workout times may not always be able to be extended if you are late.

### **Cancelled/Rescheduling of Appointments**

Training sessions that are cancelled with less than 24 hour notice **will be charged** toward the client if they cannot be rescheduled within the week. I will do my best to accommodate your request. Most of my clients are booked well in advance and often consecutively. We will work together to make sure that you complete the required number of training sessions per week. My commitment and service to you will not be taken lightly.

For Office Use :

Birthday \_\_\_\_\_

Email \_\_\_\_\_

Thank you \_\_\_\_\_

MD sent \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Person to Call in Case of Emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Address \_\_\_\_\_

1. Do you have or are you being treated for:

High Blood Pressure

High Cholesterol

Diabetes

Heart Murmur

Abnormal EKG

Chest Pains

2. Do you smoke? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, how many packs per day? \_\_\_\_\_

If former smoker, when did you quit? \_\_\_\_\_  
\_\_\_\_\_

3. Are you pregnant? \_\_\_\_\_yes \_\_\_\_\_no

4. Have you had any of the following during physical exertion?

Chest pain

Palpitations or rapid heart beats

Dizziness

Shortness of breath/difficulty breathing

5. Have members of your immediate family (grandparents, parents, brothers or sisters) had heart disease (i.e. heart attack, angina or by-pass surgery) prior to age 55? yes no

If yes, please list family member, age, and diagnosis\_\_\_\_\_

6. Has a doctor ever told you that you have bone, joint, feet or back problems? yes no

If yes, please list\_\_\_\_\_

7. Are you taking any medications regularly? If yes, please list:

\_\_\_\_\_

8. Do you have any other medical history or special considerations we should be aware of when designing or supervising your exercise program? \_\_\_\_\_

## **LIABILITY AND INFORMED CONSENT**

1. In consideration of being allowed to participate in the activities, events and programs of Linda Magee and to make use of the facility, its equipment and services in addition to the payment of any fee or charge, I do hereby waive, release, discharge, and covenant not to sue Linda Magee and its agents, employees, representatives, executors, members, and all others acting on her behalf, hereinafter referred to as “releasees”, from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of the releasees or otherwise, arising out of or connected with my participation in any activities, programs or services of Linda Magee or the use of any equipment at various sites, including home, and out of doors, provided by and/or recommended by Linda Magee.

2. I understand and am aware that strength, flexibility, balance, aerobic, and other forms of exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities using equipment and machinery with knowledge of the dangers involved. I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even the risk of death which could occur by reason of my participation in any of the assessments, activities or programs or in the use of equipment in any or all settings. I agree to allow a trainer to physically adjust my body for the purpose of improving my form.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery in any of the activities and programs provided by Linda Magee except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of 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.

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Signature

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Date

## **WAIVER**

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health in any way. I hold harmless of any responsibility, the instructor, facility or any persons involved with this program or testing procedures.

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Signature

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Date

# Goal Setting Sheet

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

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

Please list your specific goals:

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When would you like to accomplish each of these goals?

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What amount of time per week are you willing to commit to attain your goal?

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Are there any obstacles you foresee to make it difficult to meet your goals?

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List the names of those people you think would support your exercise goals:

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# PHYSICIAN'S APPROVAL

Certified Personal Fitness Trainer: Linda N. Magee, MA  
40 Old Sawmill Road, Woodstock CT 06281

Phone Number: 860-617-3634 Email: linda.magee@hotmail.com

\_\_\_\_\_ has been examined by me and has my  
Participant's Name approval to participate in a progressive exercise  
program. I understand the physical and physiological stressors of the  
program and see no reason why the above named person should not  
participate.

\_\_\_\_\_ M.D. \_\_\_\_\_  
Physician's Signature Date

## TYPE OF ACTIVITY

## INTENSITY

Cardiovascular

\_\_\_\_\_

Resistance Training

\_\_\_\_\_

Flexibility

\_\_\_\_\_

Pilates

\_\_\_\_\_

Balance

\_\_\_\_\_

Other

\_\_\_\_\_

## PHYSICIAN'S RECOMMENDATIONS/RESTRICTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_