

Personal Information Form

Please complete this form for your Personal Trainer prior to your first scheduled session.

All information received on this form will be treated as strictly confidential.

Name:	Date:
Address	Contact Numbers
Street:	H:
City:	W:
P/C:	Cell:
DOB:	Age:
E-mail:	Occupation:
How did you hear about Victoria Fitness?	
Emergency Contacts	
Personal:	Dr:
Physio:	Chiro:

Vaccination and Covid Status

Are you vaccinated against Covid 19? _____

Have you had Covid / do you have lingering symptoms that may affect your training?

Appointment Cancellation Policy

Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment.

I understand that if I cancel my personal training appointment with less than 24 hours notice, I may forfeit my session.

Clients Signature:

Date:

Personal Information

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Fitness History

1) When were you in the best shape of your life?			
2) Have you been exercising consistently for the past 3 months? <input type="radio"/> YES <input type="radio"/> NO			
If so how intense? <input type="radio"/> Light (1x/wk) <input type="radio"/> Moderate(2-3x/wk) <input type="radio"/> Heavy (5-6x/week)			
3) What activities are you presently involved in?			
Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
4) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)?			
5) Did you play any sports as a teenager? If so, specify:			

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?
2) How many times a day do you usually eat (including snacks)?
3) Do you skip meals? <input type="radio"/> YES <input type="radio"/> NO 4) Do you eat breakfast? <input type="radio"/> YES <input type="radio"/> NO
4) Do you eat late at night? <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Never
5) How many glasses of water do you drink a day ?
6) Are you currently or have you ever taken a multivitamin or any other food supplements? <input type="radio"/> Y <input type="radio"/> N If yes, please list the supplements:
7) At work or school, do you usually: <input type="radio"/> Eat out <input type="radio"/> Bring food. If so how many times per wk?
8) Do you do your own cooking <input type="radio"/> YES <input type="radio"/> NO
9) Besides hunger, what other reason(s) do you eat? <input type="radio"/> Boredom <input type="radio"/> Social <input type="radio"/> Stressed <input type="radio"/> Tired <input type="radio"/> Depressed <input type="radio"/> Happy <input type="radio"/> Nervous
10) Do you eat past the point of fullness? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never
11) Do you eat foods high in fat and sugar? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never

Exercise Schedule/ Goal Setting

Please complete this form for your Personal Trainer prior to your first scheduled session.

Exercise Schedule

I am currently interested in 1 session 6 sessions 12 sessions of:

One-on-one Personal Training Other (specify) _____

If you could design your own exercise program, what would an ideal training week look like to you? Please indicate times in table below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Goal Setting

Please check all that apply:

- Lose Body Fat Develop Muscle Tone Rehabilitate an Injury
- Nutrition Education Start an Exercise Program
- Design a more advanced program Sports Specific Training
- Increase Muscle Size Motivation
- Other _____

Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

1)
2)
3)

What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals? Any other relevant info your Personal Trainer should know--injuries or mobility limitations?

Fitness Services: Waiver and Release of Liability

In agreeing to participate in recreation and fitness activities at **Victoria Fitness (or with Verna Chan, BCRPA Certified Trainer)**, I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of The Garage, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of The Garage, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify The Garage and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of The Garage.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE VICTORIA FITNESS AND IT'S PERSONNEL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name (print) _____

Participant's Signature _____ Date _____