



# PERSONAL TRAINING

AT THE JCC

## NEW CLIENT PACKAGE

Appointment

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

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

**Time:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_

**Session Type:** \_\_\_\_\_

**Booked by:** \_\_\_\_\_

## 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.

### **This package includes 7 sections**

1. Contact Information
2. Physical Activity Readiness Questionnaire
3. Health History
4. Goals
5. Lifestyle Questionnaire
6. Liability waiver, Informed Consent
7. Personal Training Terms and Conditions

**Return these forms to your trainer 24 hours prior to your session so we can be ready for you. We'll spend more time getting fit, less time chatting!**

**By fax:** 604-257-5119 Attention: Personal Training

**Drop off:** JCC Reception, Attention Personal Training

**In-person:** Hand to Fitness Centre attendant or your trainer

### **Get ready for your first session**

1. Wear active clothing and shoes. Session #1 is usually a bit lighter as we explore your current fitness level and work on customizing your program, but you will be active and may even sweat!
2. Staying hydrated is important. Bring a water bottle to sip throughout your workout. You can refill at our cold water fountain.
3. A small sweat towel can be used to wipe your brow or place on equipment.
4. Not a JCC member? Let us know when booking and we can greet you in the lobby

Please call 604-257-5111 (ext 214) or e-mail at [Natalia@jccqv.bc.ca](mailto:Natalia@jccqv.bc.ca) if you have any questions.

Yours in health,

*Natalia Orekhova*

Thank you for taking the time to complete this questionnaire.  
The information you provide will guide us in getting you into your best shape ever!

**PART 1: CONTACT INFO**

Date completed \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: MALE FEMALE

**EMERGENCY CONTACT**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

**How did you hear about the JCC Personal Training Department?**

\_\_\_ Fitness Center \_\_\_ JCC Posters \_\_\_ JCC Website \_\_\_ JCC Trainer: \_\_\_\_\_

\_\_\_ Another personal training client: \_\_\_\_\_ *(Let us know if one of our clients referred you so we can thank them)*

\_\_\_ Other: \_\_\_\_\_

How far do you live from the JCC Fitness Centre? \_\_\_\_\_ km / miles

## PART 2: PHYSICAL ACTIVITY READINESS

Please answer **YES** or **NO** to the following 7 questions:

**YES NO** 1. Has your doctor ever said that you have a heart condition OR high blood pressure?

**YES NO** 2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?

**YES NO** 3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).

**YES NO** 4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?

**YES NO** 5. Are you currently taking prescribed medications for a chronic medical condition?

**YES NO** 6. Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder, or other.

**YES NO** 7. Has your doctor ever said that you should only do medically supervised 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.

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

\_\_\_\_\_  
CLIENT SIGNATURE DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE DATE  
Required for clients 17 years old and younger

\_\_\_\_\_  
JCC STAFF REPRESENTATIVE DATE

### 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.

**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.

**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.

### PART 3: MEDICAL AND HEALTH INFORMATION

1. Do you have any chronic conditions? To ensure your safety when designing your program, please circle if any of the following conditions that apply to you and provide any extra information that may be relevant.

Asthma	Fibromyalgia	Thyroid Conditions	Chronic Fatigue	Stroke
Osteoporosis	Epilepsy	Stress	Seizures	High Blood Pressure
Heart Conditions	High Cholesterol	Hernia(s)	Lung Conditions	Arthritis
Kidney Conditions	Diabetes			

If you have any other diagnosed health problems, list the condition(s).

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If you are on any medications, please list them.

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What additional therapies or interventions are being undertaken for the given health problem(s)?

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4. Have you had any joint or muscle injuries and/or concerns? Please circle all that apply to you and provide any further relevant information.

Neck	Elbow	Arms	Shoulder	Wrist	Legs	Upper Back	Hips
Chest	Mid-Back	Knees	Foot	Lower Back	Ankles		

Further information:

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5. Briefly outline any surgeries (e.g. Type, date, special considerations, etc).

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Ladies, are you pregnant? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you smoke? \_\_\_\_\_ YES \_\_\_\_\_ NO

## PART 4: GOALS

Please rank the top 3 goals you would like to achieve.

(Top goal is #1)

\_\_\_ Lose Body Fat

\_\_\_ Develop Muscle Tone

\_\_\_ Rehabilitate an Injury, Specify: \_\_\_\_\_

\_\_\_ Start an Exercise Program

\_\_\_ Design a more advanced program, Specify: \_\_\_\_\_

\_\_\_ Sports Specific Training, Sport: \_\_\_\_\_

\_\_\_ Increase Muscle Size

\_\_\_ Motivation

\_\_\_ Health maintenance

\_\_\_ Health improvement (Lower cholesterol, lower blood pressure, build bone density...)

\_\_\_ Other, Specify here: \_\_\_\_\_

NOTE: You will work closely with your trainer to develop SMART goals.

### Visual Goal

Feel free to paste an image of your goal here. It could be a picture of a mountain you want to climb, your dream physique, the trophy you want to win...

## PART 5: LIFESTYLE INFORMATION /CUSTOMIZING YOUR PROGRAM

What do you do for a living? \_\_\_\_\_

What is the activity level at your job? None (seated work only)

Does your job involve shift work? **Yes No**

If you follow a more regular schedule, do you work **days, afternoons** or **nights**?

How often do you travel? Rarely      A few times a year      A few times a month

*Complete this section if you **ARE** currently exercising regularly*

How long have you been consistently exercising without a break?

On the following chart, fill in which type of exercise you normally perform each day: resistance training (RT); interval cardio bouts (INT); low-intensity cardio bouts (LIC); sport-specific work (SSW).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TYPE							
TIME							

Complete this section if you **ARE NOT** currently exercising regularly

If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

**Yes No**

If you have exercised on a consistent basis previously, how long ago was this and how long did it last?  
\_\_\_\_\_ **weeks months years** ago for \_\_\_\_\_ **weeks months years**

If your participation is lower than you would like it to be, what are the reasons?

\_\_\_Lack of Interest \_\_\_Illness/Injury \_\_\_Lack of Time \_\_\_Other\_\_\_\_\_

How often a week would you **like** to be active? \_\_\_\_\_x/week

How much time would you like to spend during each exercise session? \_\_\_\_\_minutes

How many of these sessions would you like to **see a trainer** to help you achieve your goals? \_\_\_\_\_X  
week

What are the best days during the week for you to commit to your exercise program? **M T W TH F S S**

Please circle your exercise preferences:

Large group   Small group   Alone   Not sure yet

Morning   Afternoon   Evening   Not sure yet

Indoor   Outdoor   Bit of both   Not sure yet

Yes, we know it is a lengthy questionnaire but the more we know  
about you the faster you get results and have fun doing it!

Thanks for sharing your info!

Please continue on to complete the **Liability Waiver** and **Personal Training Terms and Conditions**

**PART 6: RELEASE, WAIVER & 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.

\_\_\_\_\_  
CLIENT SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE  
Required for clients 17 years old and younger

\_\_\_\_\_  
JCC STAFF REPRESENTATIVE \_\_\_\_\_ DATE



## **PART 7: PERSONAL TRAINING TERMS AND CONDITIONS**

Please read carefully and **initial** each of the following points:

### **Acknowledgement of health**

I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in training sessions or my use of equipment. I acknowledge 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 equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and been given my physician's permission to participate, or if I have chosen not to obtain a physician's permission prior to beginning this exercise program with Trainer, I acknowledge I am doing so at my own risk. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of results**

I understand that the results of any fitness program cannot be guaranteed, and that my progress depends on my effort and cooperation in and outside of the sessions. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of responsibility to report health changes**

I certify that the answers to the questions outlined on the PAR-Q form (page 3 of New Client package) are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested 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 all employees 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. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of right to stop activity**

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 or alternate staff. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of physical touch**

I understand that during a Personal Training session, my trainer/instructor may have to touch my muscles or joints to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with this form of touch, I will immediately request that it be discontinued. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of prepayment**

I understand that the JCC Personal Training Department bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash, and checks made payable to JCCGV are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase. **I have read and understand this term: \_\_\_\_\_ (initial)**

### **Acknowledgment of session length**

I understand that all Private Personal Training rates are based on 55 minute sessions or 30 minute sessions and should I arrive late, I will not receive the full session with my trainer. If I am more than 15 minutes late for my appointment – I MUST inform my Trainer. Failure to do so may result in a loss of session; this session will be charged as a "no show". The trainer is not expected to wait without confirmation that I will arrive. In return, if my Personal Trainer is late for a session, I will still receive the full session time. **I have read and understand this term: \_\_\_\_\_ (initial)**

**Acknowledgment of alternate trainer**

I understand that should my Personal Trainer become ill or is away on holiday, another trainer may 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 the JCC a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions. **I have read and understand this term:** \_\_\_\_\_ (initial)

**Acknowledgment of cancellation policy**

I understand that JCC Personal Trainers operate on a scheduled appointment basis for all sessions and thus requires that I provide 24 hours' notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours' notice given. Should I cancel a session with LESS than 24 hours' prior notice, I will be charged in full for that session. It is recommended that all cancelled sessions be rescheduled to ensure consistency and progress. **I have read and understand this term:** \_\_\_\_\_ (initial)

**Acknowledgment of youth policy**

I understand that youth under the age of 13 are not allowed in the JCC Fitness Centre except while working out with a Personal Trainer. **I have read and understand this term:** \_\_\_\_\_ (initial)

**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. I understand that I will receive a copy of this signed agreement for my records.**

\_\_\_\_\_  
CLIENT DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE DATE  
Required for clients 17 years old and younger

\_\_\_\_\_  
STAFF REPRESENTATIVE DATE

JCC

**Phew! This completes the NEW CLIENT QUESTIONNAIRE.**

**Please return these completed forms to your trainer 24 hours prior to your session:**

**By fax:** 604-257-5119 Attention: Personal Training

**Drop off:** JCC Reception, Attention Personal Training

**In-person:** Hand to Fitness Centre attendant or your trainer

*Are you getting excited yet?*