PERSONAL TRAINING INTAKE PACKAGE

The following information includes important program policies. Before getting started, please read and sign this form, confirming you understand UBC Recreation’s Personal Training Program policies.

Personal Training Intake Paperwork
Please complete and submit all of the required paperwork, including:
- Personal Training Intake Package Cover Sheet (this page)
- Personal Training Intake Questionnaire
- PAR-Q+
- UBC Recreation Fitness Centre Waiver
- Registration Confirmation (proof of payment)

Payment
Payment for personal training sessions is required in advance of meeting with your trainer.

Punctuality
We recommend client arrive 5-10 minutes early to sessions to change and store personal belongings. If a client is late, the appropriate amount of time will be deducted from the session. If a personal trainer is late, the appointment will be extended or rescheduled as appropriate to ensure the client receives a full 60-minute session. Personal trainers are required to wait 15 minutes for clients to arrive to scheduled appointments, after which the session is considered cancelled.

Cancellations and Rescheduling
In order to cancel or reschedule a session, you must contact your trainer at least 24 hours in advance of the scheduled time or you will be charged for that session. Similarly, if your personal trainer cancels or reschedules a scheduled appointment with less than 24 hours notice, you will receive an additional complimentary make-up session. If a client fails to attend a scheduled session, it will be considered cancelled.

Expiration Date
Personal training packages expire one year after the date of purchase unless otherwise indicated as part of a promotional offer.

UBC Recreation Refund Policy
Partial refunds are only granted for 1) medical conditions which prevent the user from participating in a course or activity or 2) a registrant who is permanently moving more than 30 km away from UBC and is no longer attending UBC. Refunds are only issued for the unused portion of programs, classes and memberships before the expiry date. Participants will be required to fill out a refund request form and must provide medical documentation from a licensed physician. Notes must be received within one week from the date of the injury/illness. All granted refunds are subject to an admin fee.

Informed Consent and Acknowledgment of Policies
I, _____________________________, on ______/______/_________ have read and agree to the above policies. I understand the risks related to starting an exercise program and have signed a UBC Recreation Waiver. This is my informed consent to be placed on a personal exercise program with my Personal Trainer to improve my overall wellness.

Participant’s Signature ____________________________________________

Parent or Legal Guardian’s Signature __________________________________

Witness Name (please print) __________________________________________

Witness Signature ________________________________________________
## Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
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<th>Gender:</th>
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SRC/ARC Member?  
☐ Yes  ☐ No

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<tr>
<th>Emergency Contact:</th>
<th>Relationship:</th>
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## Preferences & Availability

I prefer to work with  
☐ Any Trainer  ☐ Male  ☐ Female  ☐ Specific Trainer(s): __________________________

I would like to work with a trainer  
☐ for a few sessions to become confident with a program, then work on my own  
☐ _________ times per month  ☐ _________ times per week

<table>
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<th>Availability:</th>
<th>Monday</th>
<th>Tuesday</th>
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<th>Thursday</th>
<th>Friday</th>
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Additional Comments/Preferences:

## Lifestyle & Fitness

My current fitness regimen (please list activities and frequency):

Current fitness level: Low  ☐  High  ☐
Overall Fitness ☐ ☐ ☐ ☐ ☐
Strength ☐ ☐ ☐ ☐ ☐
Cardiovascular ☐ ☐ ☐ ☐ ☐
Balance ☐ ☐ ☐ ☐ ☐
Flexibility/Mobility ☐ ☐ ☐ ☐ ☐

Comments: __________________________

My fitness priorities:  
(1 = highest; 5 = lowest)

☐ Improve body composition  ☐ Gain lean muscle  ☐ Tone and shape
☐ Increase strength  ☐ Improve health issues/injuries  ☐ Improve exercise technique
☐ Improve flexibility and mobility  ☐ Other: __________________________

My fitness interests:  
(check all that apply)

☐ Weightlifting  ☐ Powerlifting  ☐ H.I.I.T.
☐ Core Training  ☐ Cardio / Aerobic Capacity  ☐ Strength
☐ Flexibility  ☐ Other: _______________________

Current medications and supplements:

What are your fitness goals?  
(eg: learn proper weightlifting technique)

How do you want your personal trainer to help you reach your fitness goals?  
(eg: set realistic short and long-term goals)
2018 PAR-Q+
The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or 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
   - Please list condition(s) here:

5) Are you currently taking prescribed medications for a chronic medical condition?
   - YES
   - NO
   - Please list condition(s) and medications here:

6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.
   - YES
   - NO
   - Please list condition(s) here:

7) Has your doctor ever said that you should only do medically supervised physical activity?
   - YES
   - NO

If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION
If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness centre may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME __________________________ DATE ______________

SIGNATURE ______________________ DATE ______________

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER ______________________ WITNESS ______________________

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:
- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePAimed-X+ at www.epamedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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01-11-2017
1. **Do you have Arthritis, Osteoporosis, or Back Problems?**
   If the above condition(s) is/are present, answer questions 1a-1c
   If NO go to question 2
   1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?
      (Answer NO if you are not currently taking medications or other treatments)
      YES ☐ NO ☐
   1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?
      YES ☐ NO ☐
   1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months?
      YES ☐ NO ☐

2. **Do you currently have Cancer of any kind?**
   If the above condition(s) is/are present, answer questions 2a-2b
   If NO go to question 3
   2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?
      YES ☐ NO ☐
   2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?
      YES ☐ NO ☐

3. **Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm**
   If the above condition(s) is/are present, answer questions 3a-3d
   If NO go to question 4
   3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?
      (Answer NO if you are not currently taking medications or other treatments)
      YES ☐ NO ☐
   3b. Do you have an irregular heart beat that requires medical management?
      (e.g., atrial fibrillation, premature ventricular contraction)
      YES ☐ NO ☐
   3c. Do you have chronic heart failure?
      YES ☐ NO ☐
   3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?
      YES ☐ NO ☐

4. **Do you have High Blood Pressure?**
   If the above condition(s) is/are present, answer questions 4a-4b
   If NO go to question 5
   4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?
      (Answer NO if you are not currently taking medications or other treatments)
      YES ☐ NO ☐
   4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication?
      (Answer YES if you do not know your resting blood pressure)
      YES ☐ NO ☐

5. **Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes**
   If the above condition(s) is/are present, answer questions 5a-5e
   If NO go to question 6
   5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies?
      YES ☐ NO ☐
   5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.
      YES ☐ NO ☐
   5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet?
      YES ☐ NO ☐
   5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?
      YES ☐ NO ☐
   5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?
      YES ☐ NO ☐
6. **Do you have any Mental Health Problems or Learning Difficulties?** *This includes Alzheimer’s, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome*

   If the above condition(s) is/are present, answer questions 6a-6b  
   **If NO** go to question 7

   6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?  
   (Answer **NO** if you are not currently taking medications or other treatments)
   **YES** □  **NO** □

   6b. Do you have Down Syndrome AND back problems affecting nerves or muscles?  
   **YES** □  **NO** □

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7. **Do you have a Respiratory Disease?** *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

   If the above condition(s) is/are present, answer questions 7a-7d  
   **If NO** go to question 8

   7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?  
   (Answer **NO** if you are not currently taking medications or other treatments)
   **YES** □  **NO** □

   7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?  
   **YES** □  **NO** □

   7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?  
   **YES** □  **NO** □

   7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?  
   **YES** □  **NO** □

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8. **Do you have a Spinal Cord Injury?** *This includes Tetraplegia and Paraplegia*

   If the above condition(s) is/are present, answer questions 8a-8c  
   **If NO** go to question 9

   8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?  
   (Answer **NO** if you are not currently taking medications or other treatments)
   **YES** □  **NO** □

   8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?  
   **YES** □  **NO** □

   8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?  
   **YES** □  **NO** □

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9. **Have you had a Stroke?** *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

   If the above condition(s) is/are present, answer questions 9a-9c  
   **If NO** go to question 10

   9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?  
   (Answer **NO** if you are not currently taking medications or other treatments)
   **YES** □  **NO** □

   9b. Do you have any impairment in walking or mobility?  
   **YES** □  **NO** □

   9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?  
   **YES** □  **NO** □

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10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**

   If you have other medical conditions, answer questions 10a-10c  
   **If NO** read the Page 4 recommendations

   10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?  
   **YES** □  **NO** □

   10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?  
   **YES** □  **NO** □

   10c. Do you currently live with two or more medical conditions?  
   **YES** □  **NO** □

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**PLEASE LIST YOUR MEDICAL CONDITION(S) AND ANY RELATED MEDICATIONS HERE:**

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**GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.**
2018 PAR-Q+

If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

If you answered YES to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the ePARmed-X+ at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME ____________________________________________

SIGNATURE__________________________________________

DATE ____________________________

WITNESS ____________________________

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Glechill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.


Citation for PAR-Q+


Key References