



Stacey's Personal Training

Client Contact Information

Name _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Email _____

Date of Birth ____/____/____

Training Information

Type

Personal Training - \$35 Partner Training - \$25

Group Training - \$20

Days

Monday Tuesday Wednesday

Thursday Friday

Times

5am-8am 9am-11am 3pm-7pm

Lifestyle Questionnaire

Exercise History

YES ___ NO ___ I currently engage in an exercise program.

If yes

- Type of activity _____
- Number of sessions per week _____
- Length of sessions _____
- Level of intensity _____

My activity level at work

___ Largely inactive (desk job) ___ Lightly active (teacher)

___ Heavily active (construction) ___ Other (explain) _____

The following are the most important for me to achieve with my exercise program

- | | |
|------------------------------|---|
| ___ Feel healthier | ___ Improve flexibility |
| ___ Reduce body fat | ___ Sports conditioning |
| ___ Increase energy level | ___ Improve ability to cope with stress |
| ___ Improve strength | ___ Improve aerobic capacity |
| ___ Improve muscle size/tone | ___ Other |

The types of exercise(s) that most interest me include

- _____
- _____
- _____
- _____

I have the most energy

___ morning ___ afternoon ___ evening

I would like nutritional guidance with my program

Yes ___ No ___

Health/Medical Questionnaire

Client Name _____

Age _____ Height _____ Date of Birth ____/____/____

Emergency Contact

Name _____

Relationship _____

Phone Number (_____) _____

Circle Yes or No for each question below

1. Do you smoke? YES NO
If yes, at what level _____
2. Are you pregnant? YES NO
3. Do you have high blood pressure? YES NO
If yes, list medication(s) _____
4. Do you have high cholesterol? YES NO
If yes, list medication(s) _____
5. Do you have Diabetes (Type I or II)? YES NO
If yes, list medication(s) _____
6. Do you take any other prescribed medications? YES NO
If yes, list medication(s) _____
7. Do you have any known cardiovascular problems such as heart disease, previous heart attack, atherosclerosis, abnormal HR, etc. YES NO
Describe _____
8. Do you have any injuries or orthopedic problems such as a bad back, bad knees, tendonitis, bursitis, etc. YES NO
Describe _____
9. Do you get light headed when exercising? YES NO
10. Date of last physical examination ____/____/____

Client Release

This release is entered into between the client _____ and the personal trainer _____. The purpose of *Stacey's Personal Training, LLC.* is to provide quality fitness instruction, motivational/educational coaching, and nutritional guidance based upon information collected at the client assessment. The client hereby acknowledges that the following has been explained to them and agrees to the following:

1. Acknowledges that S.P.T. is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching individuals about themselves, but that S.P.T. does not guarantee neither good nor bad will occur nor guarantees the coaching advice given will produce neither good nor bad results.
3. Acknowledges that S.P.T. may suggest exercise as part of my lifestyle management. I further understand that swimming, cycling, triathlon, weight training, aerobic classes, martial arts, kick boxing, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential risks. The undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue S.P.T. from any liability of death, disability, personal injury, or action of any kind for the undersigned participating in these types of events.
4. The undersigned agrees that this is the full agreement between the parties, that S.P.T. nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

Client Signature _____ Date ____/____/____

Trainer Signature _____ Date ____/____/____

Letter of Agreement

This agreement made and entered into this day ____/____/____ by and between

(client)_____ and (trainer)_____.

1. Client and trainer have agreed that the trainer will perform one-hour training sessions.
2. Each session will begin at an agree-upon time.
3. Client will be ready to begin at scheduled time.
4. Client will pay trainer, at the time of the session, weekly, bi-weekly or monthly, \$35 for personal sessions, \$25 for partner sessions, and \$20 for group sessions.
5. Clients acknowledges and agrees that no credit or refund shall be due for no-show sessions. A no-show session is a session where the client does not call, text or email the trainer that he/she will not attend. The client will be charged for no-show sessions.
6. Client assumes the risk of participating in an exercise program and agrees that the trainer shall have no liability for any injury, illness or similar difficulty that the client may suffer arising out of or connected with client's participation in trainer's program.
7. Client will complete and sign health/medical questionnaire prior to beginning training sessions.
8. Client will be required to have a medical clearance by a Physician if they have any of the following physical conditions:
 - Hypertension (high blood pressure) (>145/95 mm-Hg)
 - Hyperlipidemia (cholesterol > 220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
 - Diabetes (either type)
 - Family history of heart disease prior to age 60
 - Smoking/Drug use
 - Abnormal resting EKG
 - Any other conditions that trainer may deem as an unreasonable risk to client's health.

Trainer's Name _____ Signature _____

Client's Name _____ Signature _____

Measurements/Body Fat

Date __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

Weight					
Chest					
R Arm					
L Arm					
Upper Abdominal					
Lower Abdominal					
Hips					
Right Thigh					
Right Calf					
Left Thigh					
Left Calf					

Bicep					
Tricep					
Sub-scapular					
Iliac Crest					
Body Fat	mm	mm	mm	mm	mm
	%	%	%	%	%
Hand held	%	%	%	%	%

Age _____

Height _____

Fitness Assessment Chart

Date ___/___/___ ___/___/___ ___/___/___

Vital Signs

Resting Heart Rate _____(10sec) _____(10sec) _____(10sec)
 _____(BPM) _____(BPM) _____(BPM)

Cardiovascular Test

Treadmill Test _____(10sec) _____(10sec) _____(10sec)
3 min. 4.0/4% _____(BPM) _____(BPM) _____(BPM)

Muscular Strength Test

Push-up Test _____ _____ _____
Toes or Knees; elbows must reach 90 degrees

Muscular Endurance Test

Curl up Test _____ _____ _____
1 minute; shoulders must come off the floor

Flexibility

Sit-n-Reach Test _____ _____ _____
Best out of 3; tape measure marked at 15" at toes

Goal Tracking Sheet

“People with goals succeed because they know where the finish line is”

Goal start date: ____/____/____

Long term goal(s)

- _____
- _____
- _____
- _____
- _____

Short term goals for accomplishing long term goal(s)

- Cardiovascular

- Strength Training

- Nutritional

- Other

Four Day Nutrition Journal

Day 1

Breakfast Time:	
Snack Time:	
Lunch Time:	
Snack Time:	
Dinner Time:	

Day 2

Breakfast Time:	
Snack Time:	
Lunch Time:	
Snack Time:	
Dinner Time:	

Day 3

Breakfast Time:	
Snack Time:	
Lunch Time:	
Snack Time:	
Dinner Time:	

Day 4

Breakfast Time:	
Snack Time:	
Lunch Time:	
Snack Time:	
Dinner Time:	

Weekly Exercise Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Strength Training = ST

Beginner	Minimum 1-2 x week for 30 minutes	Low Intensity
Intermediate	Minimum 2-3 x week for 30-45 minutes	Moderate Intensity
Advanced	Minimum 3 x week for 45-60 minutes	High Intensity

Cardiovascular Training = CT

Beginner	Minimum 1-2 x week for 30 minutes	50 – 60% of MHR
Intermediate	Minimum 2-3 x week for 30-45 minutes	60 – 70% of MHR
Advanced	Minimum 3 x week for 45-60 minutes	70 – 80% of MHR

Target Heart Rate Range

MHR = 220-age _____ BPM

50% _____ BPM

60% _____ BPM

70% _____ BPM

80% _____ BPM

Medical Clearance

Attention: Physician

My Client _____ has advised me that he or she intends to participate in a fitness program. The client will have to complete a fitness assessment which will include muscular endurance/strength, cardiovascular and flexibility tests, and a body composition assessment. An exercise program will be designed based on this assessment which will include but not be limited to various resistance training exercises and cardiovascular training. The sessions will last one hour and will begin at a very moderate, sub-maximal level.

Physician's Recommendations

Please be advised that your client _____ should be subject to the following restrictions in his/her exercise program:

- _____
- _____
- _____
- _____

In addition under no circumstances should he/she do the following:

- _____
- _____
- _____
- _____

I have discussed the foregoing restrictions and limitations with your client and with these specific restrictions he or she has my permission to participate in a fitness assessment and pursue an exercise program under your supervision.

Doctor's Name _____

Doctor's Signature _____

Date ____/____/____