



General Client Contact Information

Name: _____

Address: _____

Home Phone: (_____) _____

Mobile Phone: (_____) _____

Work Phone: (_____) _____

Email: _____

Date of Birth: ____/____/____

Training Information

Location:

St. John's Golf & Country Club Shearwater

Type of Session:

One on One Training

Partner Training

Group Training

Weekly Availability:

Monday Thursday

Tuesday Friday

Wednesday Saturday

Best Time of Day:

5am – 8am 9am – 12am 3pm – 8pm

LifeStyle Questionnaire

Exercise History:

I currently engage in an exercise program YES NO

If YES answer the following:

Type of activity(s): Walking Running Elliptical Biking
Yoga Strength Training Group Classes

Other(explain) _____

Frequency: 1-2 Days/Week

3-4 Days/Week

5-7 Days/Week

Intensity: Light

Moderate

Intense

Duration: 30 Mins

1-2 Hours

2 + Hours

Personal Goals:

Check all the apply in regards to what you would like to achieve with your exercise program

Feel Healthier

Improve Flexibility

Reduce Body Fat

Sports Conditioning

Increase Energy Level

Improve Aerobic Capacity

Improve Strength

Other (explain) _____

Improve Muscle Size

Health/Medical Questionnaire

Emergency Contact

Name: _____

Relationship: _____

Phone Number: (_____) _____

Circle YES or NO for the following questions

- | | | |
|---|-----|----|
| 1. Do you smoke? | YES | NO |
| 2. Are you pregnant? | YES | NO |
| 3. Do you have high blood pressure? | YES | NO |
| 4. Do you have high cholesterol? | YES | NO |
| 5. Do you have Diabetes? | YES | NO |
| 6. Do you get light headed during exercise? | YES | NO |
| 7. Do you take any medication? | YES | NO |

a. Describe:

- | | | |
|---|-----|----|
| 8. Do you have any known cardiovascular problems such as heart disease, previous heart attack, atherosclerosis, abnormal HR | YES | NO |
|---|-----|----|

a. Describe:

- | | | |
|--|-----|----|
| 9. Do you have any injuries or orthopedic problems such as a bad back, bad knees, tendonitis, bursitis, etc. | YES | NO |
|--|-----|----|

a. Describe:

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 from the client at the time of his/her client assessment. The client hereby acknowledges that the following has been explained to them and agrees to the following:

Please initial the following after reading/review

1. Acknowledges that *Stacey's Personal Training, LLC.* is not a physician and is not trained in any manner to provide medical diagnosis, medical treatment psychotherapy, or any other type of medical advice. _____
2. Acknowledges that coaching/training is only a tool for teaching individuals about themselves, but that *Stacey's Personal Training, LLC.* does not guarantee the coaching advice given will produce neither good nor bad results. _____
3. Acknowledges that *Stacey's Personal Training, LLC.* may suggest exercise as part of the clients lifestyle management. I further understand that running, swimming, cycling, triathlons, weight training, aerobic classes, kick boxing, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential risk. The client assumes the risks of participating in these types of events/activities and will undergo a physical performed by his/her Physician if any medical problems develop before returning back to exercise. _____
4. The client expressly waives, releases, discharge *Stacey's Personal Training, LLC.* from any liability of death, disability, personal injury, or action of any kind for the client participating in these types of events. _____
5. The client agrees that this is the full agreement between the parties, that *Stacey's Personal Training, LLC.* nor anyone else has not verbally contradicted any of the terms of this release and that the client has entered into this agreement free and voluntarily without force or coercion. _____

Client Signature: _____ Date: _____

Personal Trainer Signature: _____ Date: _____

Letter of Agreement

This agreement made and entered into on this day ___/___/___ by and between the (client) _____ and the (personal trainer)_____.

Please initial the following after reading/review

1. The client and personal trainer have agreed that the personal trainer will perform one-hour of personal training per scheduled session. _____
2. Each scheduled session will begin at an agreed upon time. _____
3. The client will perform a required warmup of a minimum of 5 minutes prior to every session. _____
4. The client will pay the personal trainer at the agreed upon time. Prices may vary based upon training location. Options include and are limited to the following: each session, weekly, bi-weekly, or monthly) _____
5. Client 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 contact the personal trainer prior to his/her session stating that he/she will not attend. The client will be charged for each no-show session. _____
6. The client assumes the risk of participating in an exercise program and agrees that the personal trainer shall have no liability for any injury, illness or similar difficulty that the client may suffer arising out of or connected with the client's participation in the trainer's program. _____
7. The client will accurately complete and sign the Health/Medical Questionnaire prior to beginning training sessions. _____
8. The client will be required to have a Medical Clearance signed by a Physician if they have any of the physical conditions listed on the Medical Clearance form. _____

Client Signature: _____ Date: _____

Personal Trainer Signature: _____ Date: _____

Medical Clearance

The client has one or more of the following physical conditions and will be required to have a medical clearance filled out by his/her Physician.

1. Hypertension (High Blood Pressure) (>145/95mm-Hg)
2. Hyperlipidemia (Cholesterol > 220 mg/dl or a total cholesterol to HDL ratio of >5.0)
3. Diabetes (either type)
4. Family history of heart disease prior to age 60
5. Abnormal resting EKG
6. Major surgery within the last 5 years
7. Overt the age of 65 years old

Attention: Physician

The client _____ has advised me that he/she intends to participate in a fitness program with *Stacey's Personal Training, LLC*. The client has checked one or more of the above physical conditions and will be required to have a medical clearance signed prior to beginning an exercise program.

The exercise program will be designed based on the Physician's assessment of the client.

Physician's Recommendations

hefollowing 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 the client and with these specific restrictions he/she has my permission to participate in a fitness program under the supervision of *Stacey's Personal Training, LLC*.

Physican's Name: _____

Physician's Signature: _____ Date ____/____/____