

## CLIENT INFORMATION

All information received on this form will be treated as strictly confidential. Please fill out the form **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name \_\_\_\_\_ Date of Birth     /     /     Age      
M      D      Y

Address \_\_\_\_\_  
Street                                  City                                  Province                                  Postal Code  
 \_\_\_\_\_  
Email address

Telephone # \_\_\_\_\_  
Home / Cell                                  Work

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name    Telephone #

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PAR-Q-FORM**

Please mark YES or NO to the following:

YES                  NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?                  \_\_\_\_\_                  \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity?                  \_\_\_\_\_                  \_\_\_\_\_

Have you had chest pain when you were not doing physical activity?                  \_\_\_\_\_                  \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness?                  \_\_\_\_\_                  \_\_\_\_\_

Do you have any of these existing medical conditions that causes you pain or limitations that must be addressed when developing an exercise program?

Please check the appropriate conditions

- Diabetes
- Asthma
- Heart Condition
- Epilepsy
- Hernia
- Ulcer
- Hearing Loss
- Pregnancy or have given birth within the last 6 months
- Arthritis
- Obesity
- High Cholesterol
- Anemia
- Eye Problems
- Thyroid Problems
- Osteoporosis
- High Blood Pressure
- Anorexia
- Bulimia
- Back Problems
- Respiratory Ailments
- Other
- \_\_\_\_\_

Do you have pain or have you injured any of the following areas:

Please circle:

Neck  
Shoulder R / L  
Hip R / L

Upper Back  
Elbow R / L  
Knee R / L

Lower Back  
Wrist R / L  
Ankle R / L

Have you had a recent surgery?            YES            NO

If you have marked YES, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis?

YES            NO

What is the medication for?

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How does this medication affect your ability to exercise or achieve your fitness goals?

Realistically, how often a week would you like to exercise?

5-7x/week            3-4x/week            1-2x/week

What are the best days during the week for you to commit to an exercise program?

M    T    W    T    F    S    S

### Participant Release and Knowledge of Agreement

1) I, \_\_\_\_\_, wish to participate in the exercise and training program with Cindy Leggett. I understand there are risks in participating in a program of strenuous exercise. I agree that Cindy Leggett/Municipality of Magnetawan shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, or at a commercial, residential, or other fitness facility) and I expressly release and discharge Cindy Leggett from all claims, actions, judgments, and the like as a result of any injury or other damage which may occur in connection with my participation in the fitness program.

**I have read and understand this term: \_\_\_\_\_ (initial)**

2) 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 the exercise program. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform Cindy Leggett.

**I have read and understand this term: \_\_\_\_\_ (initial)**

3) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**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.

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Client

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Date