

## 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?

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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 Jenny Paul. I understand there are risks in participating in a program of strenuous exercise. I agree that Jenny Paul/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 Jenny Paul 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 Jenny Paul.

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