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Welcome! Please take a few moments to complete the following questions. All of the information received on this form will be treated as strictly confidential. Please fill out the form completely and accurately. Thank you for your time. ~ Jacquelyn

**Personal Information**

**Today's Date** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Health Care Professionals** (Please list the name and phone number of your Physician, Physiotherapist, Massage Therapist or other health care professional)

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell/pager): \_\_\_\_\_

**Questions:**

How many times per week do you engage in moderate or strenuous exercise for at least 30 minutes?

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Are you presently doing any kinds of physical therapy? i.e. Massage, physio, chiropractic.....

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What are your goals? What would you like to get from this program? \_\_\_\_\_

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How did you hear about Active Women Personal Training?

Brochure \_\_\_ Flyer \_\_\_ Word of Mouth \_\_\_ Website \_\_\_ Other \_\_\_\_\_

Why did you choose to train with Active Women Personal Training? Please check all that apply.

Location \_\_\_ Instructor \_\_\_ Cost \_\_\_ Service \_\_\_ Programs \_\_\_ Other \_\_\_\_\_



## Physical Activity Readiness Questionnaire

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people who may need medical advice concerning the type of physical activity that may be most suitable for them. Common sense is your best guide when answering these questions. Please read the questions and answer each one honestly: Check Yes or No.

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	___	___
2. Do you frequently have pains in your chest when you perform physical activity?	___	___
3. Have you had chest pain when you were not doing physical activity?	___	___
4. Do you lose your balance due to dizziness or do you ever lose consciousness?	___	___
5. Do you have a bone, joint, muscular or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, osteoarthritis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.? If so, please circle or list.)	___	___
6. Have you had any rehabilitation services for any injuries or accidents?	___	___
7. Have you experienced any serious injuries or undergone surgery in the past year?	___	___
8. Have you experienced muscle, joint or back pain that may be aggravated by a change in your level of physical activity?	___	___
9. Do you know of any reason why you should not be physically active?	___	___

**If you have answered YES to any of the above questions, please elaborate below:**

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Do you take any medications, either prescription or non-prescription on a regular basis? YES / NO

If yes, what is the medication for? \_\_\_\_\_

How might this medication affect your ability to achieve your fitness goals?

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***If you answered YES to any of these questions, please seek the advice of a health care professional before starting an exercise program.***

Do you have any children? YES / NO / How old are they? \_\_\_\_\_

Did you experience any problems due to your pregnancy or delivery?

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Do you presently smoke? YES / NO | Have you ever smoked, and for how long? \_\_\_\_\_



## PARTICIPANT RELEASE & KNOWLEDGE OF AGREEMENT

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by **Active Women Personal Training**. I understand there are inherent risks in participating in any exercise program. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty days of the date set forth below. No change has occurred in my physical condition since the date such approval was given, which might affect my ability to participate in the fitness program. If a physician has not examined me, I understand that it is recommended by **Active Women Personal Training** to obtain his/her approval for my participation in a fitness program. I agree that **Active Women Personal Training** shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge **Active Women Personal Training**, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, exception only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

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

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

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

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 my training sessions. I understand that should I feel lightheaded, faint, dizzy, or nauseated, that I notify my trainer, and discontinue exercise for that time being.

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



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 understand that Active Women Personal Training bills participants on a pre-pay basis. Payment must be made before the sessions are conducted.

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

I understand that all pre-purchased sessions must be booked and completed within either 12 weeks or 6 months from the date of purchase. Active Women Personal Training will try to accommodate requests but it does not guarantee the availability of time slots for you to complete unfinished classes if left too late.

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

I understand that during a session, my instructor may use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my instructor discontinue using this technique.

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

I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by Active Women Personal Training.

**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.**

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date in 12 weeks**

\_\_\_\_\_  
**Date in 12 weeks**

\_\_\_\_\_  
**Date in 6 months**



# ACTIVE WOMEN PERSONAL TRAINING POLICIES

## ***Clean Runners***

I understand that only non-marking, clean running shoes (preferably indoor only) are permitted in the studio.

## ***Cancellations***

I understand Active Women Personal Training works on a scheduled appointment basis and thus requires that I provide 24 hours notice. No charge will be levied should I cancel with more than 24 hours notice. If I cancel a session with less than 24 hours notice the cost of the session will be forfeited. I understand that Active Women Personal Training recommends that all the cancelled sessions be rescheduled to ensure consistency and fitness progress.

## ***Refunds***

I understand that sessions are non-refundable unless accompanied by a physician's letter indicating a medical reason why I cannot continue training.

## ***Tardiness***

I realize that all personal training rates are based on sixty-minute sessions. If I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if the trainer arrives late for the session I will receive the full session time. If that is not possible due to scheduling conflicts, then the unused portion of time will be added to a future session at no charge.

## ***Payment***

I understand that Active Women Personal Training bills its personal training clients on a pre-pay basis. Applicable bank charges and an administration fee of \$30.00 will be added to cover the cost of NSF cheques.

## ***Session Expiry***

I understand that all personal training sessions will expire within 12 weeks, or 6 months from date of purchase. Any unused portion remaining after the expiry date will be forfeited.

I understand that Active Women Personal Training requests that a fourteen day advance notice be given in case I go on vacation or have to be absent during the term of the contract.

## ***Session Transferability***

I understand that all sessions are non-transferable.

Date: \_\_\_\_\_ Clients' name \_\_\_\_\_

Date: \_\_\_\_\_ Trainers' name \_\_\_\_\_

