

Rx2BFIT CLIENT INFORMATION PACKAGE

All information received on this form will be treated as strictly confidential.

Last Name:		First Name:						
Address:		Zip Code: Date:						
Home Phone:		Bus. Phone:						
Cell Phone:		Email:						
(Please check which of the above nu								
		Occupation:						
		□ Male □ Female □ Birth da	ate:					
Emergency Name and Number	:							
			_					
Have you previously had a per	sonal trainer, or medically	guided health program?	Yes No					
Physician:								
Phone Number & Addres	3S							
Fitness Related Ques								
On a scale of 1 to 10, how wo	ould you rate your present fitn	ness level (1:worst—10:best)?						
Are you satisfied with your cu	rrent level of fitness? \Box Ye	es 🗌 No						
How often do you currently pa	articipate in physical activity?							
\Box 5-7 times/week \Box 3-4 tin		/week 🛛 not in the past 6 r	months					
If active, list your activities (C	ardio, Sports, Strength Traini	ng, Stretching).						
Activity	Frequency/Week	Average Time	Easy/Moderate/Hard					

Goal Setting

In order to increase your chances of being successful at achieving your goals, our Personal Trainers believe all your goals must be 'SMART' - Specific, Measurable, Attainable, Relevant, and Time calibrated.

Check what goals you would like to accomplish.

□ Reduce Fat □ Tone Muscles

- □ Build Muscle Mass
- □ Improve Sport Specific Skills
- □ Increase Flexibility
- Improve Cardiovascular Fitness
- Improve Exercise Technique □ Increase Motivation
- □ Improve Health
 - - □ Improve eating habits
- □ Pre/post natal care
- □ Rehabilitation
- □ Reduce Stress
- □ Add Variety to Exercise Regime
- Other: _____

Please rate on a scale from 1 to 10 how important it is for you to reach your goal(s)

How would you like us to monitor your progress?

- Body Weight
- Girth Measurements
- □ Fat Testing through skin fold measurements
- Training Log Book
- Other, please specify_

Integrating YOUR Ideal Fitness Program into your week

What would an ideal exercise and work week look like for you? Please be specific. List your favorite classes, work outs, machines, activities, rest days etc.?

Days	Approximate Work Hours	Other Commitments	Your Ideal Time & Type of Exercise
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Help Us To Help You

What potential obstacles, actions, behaviors, activities etc., do you feel could slow your progress toward your goals?

Lack of interest Boredom of exercise Lack of time Motivation Other:			Illness or injury: Please note any injury that has occurred within the past 2 years					
Do you have a plan to	o overcome these obstacles?	□ No		Yes – describe plan below				
What do you expect f	rom a personal trainer?							
How can your person	al trainer motivate you?							
Are there any program	ns or services that we do not c	offer that y	/ou wou	Id like us to offer?				

Lifestyle and Behavior Related Questions

Overall, how would you rate your nutrition? Low Hedium High								
1. Do you consistently and regularly eat four to five "meals" a day?							□Yes	No
2. Do you drink 8 glasses of water each day?							□Yes	No
3. Do you eat at least 4 servings of bread, cereal, rice or pasta per day?							□Yes □	No
4. Do you eat at least 2 servings of fruit per day?							□Yes □	No
5. Do you eat at least 3 servings of vegetables per day?							□Yes	□No
6. Do you have at least 2 servings of quality protein per day?						□Yes	□No	
 7. Do you eat foods high in saturated fat, high in refined sugar and/or high in salt content more than 2-3 times a week? No Yes - please specify						veek?		
8. How many cups of coffee do you have per day?		□0	□1-	2 🛛 3-5	□n	nore than 6		
9. How many glasses of alcohol do you drink per week?	?	□ 0	□1-	2 🛛 3-5	□6	6-9 🗆 more	than 10	
10. Do you take vitamins or supplements?	□Ye	s, please lis	st:					
Do you smoke? I No I Yes, indicate how many per day number of years								
How many hours do you regularly sleep at night?								
How would you rate the quality of your sleep?		Low		Medium		High		
How would you rate your energy in the morning?		Low		Medium		High		
How would you rate your energy in the afternoon?		Low		Medium		High		
How would you rate your energy in the evening?		Low		Medium		High		
How would you rate your stress levels?		Low		Medium		High		
How do you cope with stress?								

PAR Q: Physical Activity Readiness Questionnaire

Please check Yes or No to the following questions. Has your doctor ever said that you have a heart condition and that you should only	YES	NO
do physical activity recommended by a doctor?		
Do you frequently have pains in your chest, when you perform physical activity?		
In the past month, have you had pains in your chest when you were not doing physical activity?		
Do you lose your balance owing to dizziness or do you ever lose consciousness before, after or during physical activity?		
Do you have any bone or joint conditions that may affect your exercise program (i.e. diabetes, epilepsy, back problems, respiratory ailments etc.)?		
Do you have any other medical condition that may affect your exercise program?		
Have you been hospitalized in the last 6 months?		
Have you had recent surgery?		
Are you trying to get pregnant, pregnant or given birth in the last 6 months?		
Are you currently seeing a physiotherapist?		
If you ticked YES to any of the above, please give specific details below		

If you ticked YES to any of the above, please give specific details below. (Note that you may be required to get a letter of permission from your doctor to participate in an exercise program.)

Do you take any medications (either prescription on non-prescription) on a regular basis? No

- \square
- Yes, what is the medication for?

How does it affect your ability to exercise?

Thank you for taking time to complete this information package. Your information will make it easier to design a program that suits your needs, fits your lifestyle and includes activities that you enjoy. We will also know how to support you, if any obstacles may arise.

The Rx2BFIT Team



I, _______, wish to participate in personalized medical fitness & nutrition program offered by Rx2BFIT. I understand there are some risks in participating in a program of strenuous exercise. Consequently, I am agreeing to the medically guided packages or have been examined by a physician of my choice and obtained his/her approval for my participation in this 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.

- 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.
- 2. I understand and agree that it is my responsibility to inform the Rx2BFIT team of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.
- 3. I understand that should I feel light headed, faint, dizzy, nauseated or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer or any Rx2BFIT team member.
- 4. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that is my right to refuse such participation at any time during any Personal Training sessions.
- 5. I understand that Rx2BFIT Team and Training Program works on a schedule appointment basis and thus, requires that I provide 24-hour notice when canceling pre-determined appointments.
- 6. I understand that all personal sessions are non-transferable and non-refundable.

I have read this Release and Terms of Agreement and understand all of its terms. I sign it voluntarily and with knowledge of its significance.

Client

Date

Rx2BFIT Team Member

Date

Parent/Guardian Name (If Client under 18 years of age) Parent/Guardian Signature (If Client under 18 years of age)



WAIVER, RELEASE, AND INDEMNITY FOR ADULT PARTICIPANTS EIGHTEEN (18) AND OLDER

(Read Carefully Before Signing)

BETWEEN: Rx2BFIT

AND:

(The Participant)

Rx2BFIT requires this form to be completed as a means of confirming that every participant has considered and is aware of the duty they owe to themselves and to all other participants to be informed and aware of the risks inherent in the chosen activity and to carefully consider those risks against their personal ability and level of fitness. This is for the protection of the Participant, other participants, the public, and Rx2BFIT.

I, **THE UNDERSIGNED** Participant, do hereby acknowledge that I am aware that there are elements of risk inherent to this or any activity; that I have informed myself to my own satisfaction of the nature of the risks inherent to the particular program or activity named below and agree as follows:

PARTICIPANT TO INDEMNIFY AND SAVE HARMLESS:

That in consideration of the fee to be paid and instruction or other services to be provided, and excepting only the sole negligence of Rx2BFIT, I hereby agree to Indemnify and Save Harmless the City and its officers, servants, agents, and co-sponsoring organizations from any claims, demands, and causes of action that may arise out of my participation in the program named below.

PARTICIPANT TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, and excepting only the sole negligence of the Rx2BFIT, I hereby Release, Waive, and forever discharge Rx2BFIT and its officers, servants, agents, and co- sponsoring organizations, from all claims, costs, causes of action, or demands that may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person by or through my participation in the program identified below.

DATED THIS _____ day of ______, 20___.

(Signature of Participant)

(Reviewed by Rx2BFIT)