

Single: \$50.00 +HST / session  
Pairs: \$32.50 +HST / per person / session  
Triples: \$21.75 +HST / per person / session

**CLIENT INFORMATION**

Full Name: \_\_\_\_\_  
Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**RELEVANT MEDICAL HISTORY**

Do you currently have, or have you ever had, any of the following?

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Heart disease                | <input type="checkbox"/> Joint problems (knees, hips, shoulders, etc.) |
| <input type="checkbox"/> High blood pressure          | <input type="checkbox"/> Back or neck pain                             |
| <input type="checkbox"/> High cholesterol             | <input type="checkbox"/> Recent surgery (past 12 months)               |
| <input type="checkbox"/> Stroke                       | <input type="checkbox"/> Pregnancy                                     |
| <input type="checkbox"/> Diabetes (Type I / Type II)  | <input type="checkbox"/> Other medical condition(s): _____             |
| <input type="checkbox"/> Asthma or breathing problems |  |
| <input type="checkbox"/> Dizziness or fainting        |  |
| <input type="checkbox"/> Seizures                     |  |

Are you currently under a physician's care?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you taking any medications that may impact your ability to train?

Yes  No

If yes, list medications and purpose: \_\_\_\_\_

Do you have any physical limitations or injuries that may affect exercise?

\_\_\_\_\_

### **PAR-Q (Physical Activity Readiness Questionnaire)**

Please answer YES or NO to the following:

1. Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?  Yes  No
2. Do you feel pain in your chest during physical activity?  Yes  No
3. In the past month, have you had chest pain when not doing physical activity?  Yes  No
4. Do you lose balance because of dizziness or do you ever lose consciousness?  Yes  No
5. Do you have a bone or joint problem that could be made worse by a change in physical activity?  Yes  No
6. Is your doctor currently prescribing medication for blood pressure or a heart condition?  Yes  No
7. Do you know of any other reason why you should not participate in physical activity?  Yes  No

**If you answered YES to any of the above, please explain:** \_\_\_\_\_

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### **FITNESS BACKGROUND**

Have you worked with a personal trainer before?  Yes  No

Current exercise routine (if any):

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How many days per week do you currently exercise? \_\_\_\_\_

### **6. FITNESS GOALS**

What are your primary goals? (Check all that apply)

- Weight loss
- Muscle gain
- Strength
- Endurance
- Improve athletic performance



**BRACEBRIDGE**  
The Heart of Muskoka

**The Corporation of the Town of Bracebridge  
RECREATION DEPARTMENT  
Personal Training - Intake Form**

- Improve mobility/flexibility
- Injury prevention
- General health
- Other: \_\_\_\_\_

Describe your goals in your own words:

\_\_\_\_\_

Do you have a target date for achieving your goals?

\_\_\_\_\_

**TRAINER PREFERENCE**

Trainer of choice (if applicable): \_\_\_\_\_

**AVAILABILITY**

Preferred training days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Preferred times:

- Early Morning (6:30–9am)
- Morning (9-12pm)
- Afternoon (12–4pm)
- Evening (4–8:30pm)

Sessions per week desired: \_\_\_\_\_

**CANCELLATION POLICY AGREEMENT**

If I fail to provide 24 hours' notice, I understand that I will still be responsible for payment of that session.

Client Initials: \_\_\_\_\_

**LIABILITY WAIVER & SIGNATURE**

I acknowledge that I am voluntarily participating in a physical training program. I understand that exercise involves inherent risks, including but not limited to muscle strain, injury, illness, or other complications. I

confirm that the information provided above is accurate to the best of my knowledge.

I agree to assume full responsibility for any risks, injuries, or damages that may occur as a result of participation.

Client Signature: \_\_\_\_\_

Date (YYYY/MM/DD): \_\_\_\_\_

## **FREQUENTLY ASKED QUESTIONS**

### **How does Personal Training work?**

Sessions can be done by individuals, pairs or groups of up to 3 people per trainer. Sessions are 45 minutes in length and include admission to the facility before and after the session. Sessions are available on land or in the water. Training is suitable for all abilities, from beginners to elite athletes

### **What is the cost?**

Individual: \$50.00 +HST / session  
Pairs: \$32.50 +HST / per person / session  
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### **How do I arrange for Personal Training Sessions?**

Complete this Personal Training Intake Form return to our reception desk or email it to [msteele@bracebridge.ca](mailto:msteele@bracebridge.ca) (Wellness Programmer). Our programmer will review your Intake Form and assign you to one of our trainers. Your trainer will make initial contact to arrange the day and time of session(s). Sessions may run at any time the facility is open.

### **How do I pay for my Personal Training Sessions?**

Clients may choose to leave a deposit at Reception Desk prior to booking their session(s) or they leave credit card information in our secure system (preferred method). Staff will process payment and receipts will be emailed or handed out when the client checks in with reception just prior to their session(s).

### **How many sessions do I need? Is there a minimum?**

There are no minimum or maximum numbers of sessions required. Clients are in charge of their own training and may choose any combination of days and times. Clients wishing to get a training plan created should expect to attend a minimum of 3-5 sessions.