

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)

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

FITNESS BACKGROUND

Have you worked with a personal trainer before? ☐ Yes ☐ No

Current exercise routine (if any):

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

☐ 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 Rec.Office@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.