

JOIN THE LIFESTYLE!

CLIENT INFORMATION QUESTIONNAIRE

Please complete and return to your Personal Trainer on the day of your consultation.

All information received on this form will be treated as strictly confidential. Please fill out the forms **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

Phone: _____(h) _____(w) _____(cell)

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____
Street City Province Zip Code

Muscle Memory Personal Training & Fitness Inc. will send information regarding your physical exercise program to your physician unless you request otherwise.

Please provide 48 hours notice if you need to cancel or reschedule your Personal Training appointment.



Muscle Memory Personal Training & Fitness Inc.
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reception@MuscleMemory.com
www.MuscleMemory.com

For office use only: DB _____ CC _____ TYC _____

Personal Trainer: _____

1st Appointment: _____

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 a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

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

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Do you have any muscle or joint problems that could interfere, or be aggravated by an exercise program? If so, please explain. _____

Are you currently seeing a physiotherapist, massage therapist, chiropractor or any other type of health professional? YES NO

If so, can we please have their name(s) and phone number(s) so that can stay in contact with these professionals to design a program best suited for you and your body?

Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many? _____

2) Do you drink alcohol? YES NO If yes, how many glasses per week? _____

3) How many hours do you regularly sleep at night? _____

Developing your Fitness Program:

1. Please circle how you prefer to exercise:

a) INSIDE OUTSIDE COMBINATION

b) LARGE GROUPS SMALL GROUPS ALONE COMBINATION

c) MORNING AFTERNOON EVENING

2. Realistically, how much time would you like to spend during each exercise session? _____

3. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Goal Setting:

Goals. Please check that which applies.

Lose Body Fat Develop Muscle Tone Rehabilitate an Injury Nutrition Education
 Start an Exercise Program Design a more advanced program Safety
 Sports Specific Training Increase Muscle Size Fun Motivation
 Other _____

1. How committed are you to achieving your fitness goals? Very Semi Not very

2. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months.

a) _____

b) _____

c) _____

2. What can your Personal Trainer do to help you achieve your fitness goals?

What obstacles do you feel could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and training program offered by Muscle Memory Personal Training & Fitness Inc. I understand there are inherent risks in participating in a program of strenuous exercise. 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 (60) 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 agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Muscle Memory Personal Training & Fitness Inc. 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 Muscle Memory Personal Training & Fitness Inc., 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, excepting 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)

- 2) 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 Personal Trainer 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)

- 3) 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, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I have read and understand this term: _____(initial)

- 4) 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)

- 5) I understand that all Private Personal Training rates are based on 30 or 60 minute sessions and should I arrive late, there is no guarantee that I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

I have read and understand this term:_____ (initial)

- 6) I understand that Muscle Memory Personal Training & Fitness Inc. bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash, debit and cheques made payable to Muscle Memory Personal Training & Fitness Inc. are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within the allotted time frame for each specific package.

I have read and understand this term:_____ (initial)

- 7) I understand that Muscle Memory Personal Training & Fitness Inc. operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that Muscle Memory Personal Training & Fitness Inc. recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term:_____ (initial)

- 8) I understand that during a personal training session, my trainer may have to 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 trainer discontinue using this technique.

I have read and understand this term:_____ (initial)

- 9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

I have read and understand this term:_____ (initial)

- 10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by Muscle Memory Personal Training & Fitness Inc., a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

I have read and understand this term:_____ (initial)

- 11) I understand that Muscle Memory Personal Training & Fitness Inc. photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

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

PERSONAL TRAINER

DATE

DATE