Personal Fitness Training

Please complete the 4 pages and return to the Membership Counter or the Personal Training Office.

How will my appointment be set up?

You may choose a trainer or based on your goals, needs, and time preferences, you will be matched with a qualified Personal Trainer who will contact you to arrange your initial appointment.

- Each personal training session will be either half-hour or one hour in length
- Please be changed and ready to in proper gym attire
- We offer a free fitness assessment or trial session or an introductory session

Cancellation Policy

If it is necessary to cancel or change your appointment, we ask for your cooperation in notifying your trainer at least 24 hours before your scheduled appointment. If a cancellation takes place within 24 hours, or if you do not show up for an appointment, you will be charged for the missed appointment.

In the same regard, if a trainer needs to reschedule an appointment, he/she will notify you at least 24 hours before your scheduled appointment.

Any further question can be directed towards the Personal Training staff or Membership Services.

Personal Training Staff  Membership Service Counter
905-828-3714  905-828-5734
rawcfitness@utoronto.ca rawcmembershipservices@utoronto.ca
Client Form
(office use only)

Name: _______________________________    Age _____ Male____  Female ____

Membership/Student Number: ____________________
(Please circle)          Student   Staff/Faculty   Community   Other: ________

Address: _______________________________________________________________________

Phone Number: ___________________________ Email Address: ___________________________

Emergency Contact

Name: _______________________________    Relationship: ____________________________
Phone Numbers: (1) ___________________________ (2) ________________________________

Medical Practitioner
Name: _______________________________
Address: _______________________________ Phone Numbers: __________________________

What are your preferences for appointments?
Place a ✓ beside your preferred times
( )Monday          ( )Early mornings (6am – 8am)
( )Tuesday         ( )Mornings (9am – 11am)
( )Wednesday       ( )Mid-day (11am – 4pm)
( )Thursday        ( )Early evenings (4pm – 7pm)
( )Friday          ( )Evenings (9pm – 11pm)*
( )Saturday
( )Sunday

What are your specific goals?
Please rank as many as you want by number, with 1 being the most important

<table>
<thead>
<tr>
<th>Lose weight</th>
<th>Improve endurance</th>
<th>Improve flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve muscle definition</td>
<td>Improve specific sport</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Number of sessions you would like: _______    Best time of day to be contacted: _________________

Do you have a preference of the gender of your trainer:       Male__ Female__ Either__
## Health Assessment Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your pressure too high or too low?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or a member of your family have diabetes?</td>
<td></td>
<td></td>
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<tr>
<td>Has your doctor ever said that your cholesterol was high?</td>
<td></td>
<td></td>
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<tr>
<td>Are you pregnant or post-partum less than six weeks?</td>
<td></td>
<td></td>
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<tr>
<td>Are you currently involved in a regular exercise program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you consider yourself overweight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, by how much:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any cardiovascular problems? (Abnormal ECC, previous heart attack)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any injuries or orthopedic problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking any prescribed medications or dietary supplements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any other conditions or problems not previously mentioned?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of your last physical examination (mm/dd/yyyy):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Height (feet): ____________  Weight (lbs): ______________

I acknowledge to the best of my ability that this page has been filled out honestly. I am in good health and have no known medical conditions that would restrict my ability to participate in an exercise program.

Client signature: ________________________________  Date: ______________

Witness: ________________________________

(Name)  ________________________________  (Signature)
Consent Form

You are making an important investment in the improvement of your overall health and wellbeing, please read the following information carefully. You are encouraged to ask any questions you wish before and after you choose to authorize the following statements.

I, the undersigned, do hereby acknowledge:

- To reschedule an appointment, I will provide at least 24 hours' notice to the UTM Athletics Department, at 905-828-5347 and/or the Personal Trainer assigned to me. If I am late for a scheduled appointment, or do not show up for a scheduled appointment, or cancel within 24 hours, I will be charged the regular rate for the missed appointment time.
- Cancellation of personal training sessions are allowed only for medical reasons when provided with a doctor's note or prescription. You will receive a refund for the balance of any unused sessions less a $35.00 administration fee.
- All sessions must be used by the “expiration date” noted on the receipt provided when you purchased the personal training sessions.
- I understand that I may ask any questions or request further explanation or information about the procedures at any time.
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q revised 2002) and the answers to all questions were all negative.
- That in the event I have answered positive (yes) to any of the PAR-Q questions, I have attached a written medical consent form.
- That there are potential risks, i.e. episodes of transient light-headedness, muscle soreness, abnormal blood pressure, chest discomfort, leg cramps, nausea and extremely rare cases, heart attacks, and that I assume willfully those risks.

Client signature: ________________________________ Date: ________________
Witness: ________________________________ Date: ________________

Number of sessions: ____________

Revised Feb 2015