

SAMPLE CLIENT PROFILE SHEET

(Always consult with a legal professional before employing any binding or right releasing documentation. These documents are to serve as nothing more than a visual sample.)

PROGRAM INFORMATION AND POLICIES

Welcome to the ~Your Business Name Here~ personal training and sports performance program! We are delighted that you chose us as a part of your commitment to health, fitness, and performance. Our skilled fitness and performance professionals are ready to provide you with the necessary information and motivation to help you reach and maintain your personal goals.

The following information will provide you with important program policies. Before getting started, please read and sign this form so that we can be sure that you have been provided with and understand this information.

PAYMENT

Payment for sessions must be made ***in advance*** of your first workout or testing session with your trainer. Your trainer will keep detailed records of your sessions, but you should keep your own records to help avoid any confusion when it becomes time to renew your package. Your trainer is not responsible to remind you when you become due, but may do so as a courtesy. If you did not choose to renew, but went over your purchased number of sessions, you will be responsible to pay for all used sessions at single session prices, or you can renew a full package of your choice. Make checks or money orders out to ~Your Business Name Here~. There will be an additional \$30.00 fee on all return checks.

EXPIRATION DATE

All ~Your Business Name Here~ personal training session packages have an ***expiration date of 3-months from the date of purchase***. Keep this in mind when choosing which package you wish to purchase. After the expiration date, any remaining sessions will be invalid. Packages can be frozen for medical purposes only and require medical documentation. Frozen Packages will be held for one year after which time any remaining sessions will become invalid.

CANCELLATIONS

In order to cancel or reschedule an appointment, you must contact your trainer ***at least 24 hours in advance of the scheduled appointment***. If a medical emergency would arise, please provide documentation from the physical to avoid being charged for the session. There will be no other exceptions to this rule. Similarly, if a trainer does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive a *complimentary* session.

REFUNDS AND CREDITS

~Your Business Name Here~ ***does not offer refunds or credits***, so please be sure that our services will match your needs *before* committing through payment. If you find that your needs change once you have begun this program, please let us know; we are eager to find a way to accommodate you within this program.

I have read and will comply with the above information.

Name (please print)

Participant Signature Date

Guardian Signature Date

DATA FORM

Name _____ Gender _____ Age _____
Address _____ City, State _____ Zip _____
Telephone _____ Email _____
Guardian Names: _____ & _____

How did you hear about ~Your Business Name Here~?

What is your reason for seeking a personal trainer? (i.e., goals, rehabilitation, etc.)

What are your schedule preferences and/or limitations for working with a Trainer?

Do you have any health conditions or injuries that would affect or limit your training?

INFORMED CONSENT AND WAIVER

My participation at ~Your Business Name Here~ is dependent upon approval following a thorough health & fitness assessment, orientation and possible clearance from my physician. I know all confidential information will remain confidential. I agree to follow all rules as instructed and posted. In consideration of the foregoing training, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and causes of action I have against ~Your Business Name Here~ and its affiliates, employees and sponsors, that may arise as a result of my participation in any and all training programs and sessions. I attest and verify that I am physically capable to perform physical training and exercise and my physical condition has been verified by a licensed medical doctor.

I understand that I will be performing exercises using free weights, elastic bands, chains, medicine balls, exercise balls, body weight, and machines. Exercise intensity and volume will begin at a moderate to low level and advance at stages depending upon my fitness level and adaptation. I may stop training at any time due to signs of excessive fatigue or pain not commonly associated to the prescribed protocol. (It is important for you to realize that you may stop any training session and/or refuse to perform any suggested exercises.)

I understand that there exists the possibility of certain changes occurring during and after training. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, joint, bone, muscle, tendon or ligament damage, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing. Trained personnel are available to deal with unusual situations that may arise

I understand that the Information I possess about my health status or previous experiences of unusual feelings with physical effort may affect the safety and value of my training program. I will promptly report my feelings during and immediately after the training protocol. I understand that I am responsible for fully disclosing such information when requested by the training staff.

I recognize the following:

1. The results obtained from your training program may assist in the diagnosis of current fitness and performance levels and in the establishment of future training protocols. Training abilities may be outlined and shared with the athlete/client.
2. Any questions about training procedures or the results of any and all training programs are encouraged. If you have any questions or concerns, please ask us for further explanations.
3. Your permission to perform any and all training activities is voluntary. You are free to stop any training session at any point, if you so desire.

I have read this form, and I understand the training procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomfort, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in any and all training protocols.

Applicant Signature: _____ Date _____
Guardians Signature _____ Date _____

PERSONAL HEALTH HISTORY

Gender _____ Age _____ Date of Birth _____

CARDIOVASCULAR RISK

Please check any that apply and age of onset:

	You	Mother	Father	Grandparent
High Blood Pressure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bypass Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you presently smoke cigarettes? _____ If so, how many per day? _____
Have you ever quit smoking? _____ If so, how long ago did you quit? _____

PERSONAL HISTORY

Date of last physical examination _____ Stress Test _____ Resting EKG _____
Date of last blood cholesterol test _____ Total Serum Cholesterol _____ HDL _____
Date of last blood pressure test _____ Blood Pressure _____
Has your doctor ever restricted your physical activity? _____ If yes, please explain

Do you have any allergies? _____ If so, please list _____

Do you ever experience chest pains or tightness? _____
Do you ever experience unusual shortness of breath during mild physical activity? _____
Are you presently taking any medication? _____ If so, please list type and purpose

Do you ever experience dizziness during vigorous physical activity? _____
Have you ever passed out during vigorous physical activity? _____
Do you have any (other) medical conditions which limit your ability to exercise? _____
If so, please explain

If you are female, are you currently pregnant? _____

INJURIES

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

Broken bones _____

Muscle strain/sprain _____

Ligament, tendon, or cartilage injury _____

Joint injury or chronic pain _____

Back injury or chronic pain _____

Nerve entrapment (e.g. carpal tunnel syndrome) _____

Other _____

Are you currently being treated for any of the above injuries? _____. If so, please specify the type of treatment.

LIFESTYLE

If you are currently employed, do you consider your job to be _ sedentary or _ active?

Are you:

Generally sedentary

A weekend or vacation exerciser

Physically active once or twice a week

Physically active more often

Do you currently have a regular exercise program? _____ If yes, please describe

TRAINING INTEREST AND GOALS

Please check any activities in which you are interested in participating:

weight training aerobics rowing stairmaster running

stationary bike elliptical triathlons walking weight training other _____

How much time do you want to spend working out? _____

Do you have any exercise equipment at home? _____

Do you feel that there are any specific exercises that would not interest you or might cause you pain or discomfort? _____

What goals do you have concerning your training and health?

Signature _____ Date _____

PAR – Q

Physical Activity Readiness – Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the eight questions in the box below. If you are above the age of 15, the PAR-Q will tell you if you should check with your doctor before you start. American

College of Sports Medicine (ACSM) guidelines require that men over the age of 45 and women over the age of 55 complete a “Medical Authorization Form” BEFORE training.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME: _____ DATE: _____

SIGNATURE: _____

SIGNATURE OF PARENT: _____

or GUARDIAN

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you a man over the age of 45 or a woman over the age of 55?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you know of any other reason why you should not do physical activity?

**If
you
answered**

YES to one or more questions

You will need to complete the Medical Authorization Form BEFORE you meet with a trainer or become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

NOTE: You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal / training.

NOTES:

- If you are or may be pregnant – talk with your doctor before you start becoming more active.
- If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

PAR – Q Clarifications

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate and those who should have medical advice concerning the type of activity most suitable.

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

(Significance/clarification: Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.)

2. Do you feel pain in your chest when you do physical activity?

(Significance/clarification: See question 3.)

3. In the past month, have you had chest pain when you were not doing physical activity?

(Significance/clarification: A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.)

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

(Significance/clarification: A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.)

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

(Significance/clarification: Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.)

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

(Significance/clarification: See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.)

7. Do you know of any other reasons why you should not do physical activity?

(Significance/clarification: The exercise prescription may have to be modified in accordance with the specific reason provided.)

~Your Business Name Here~

NEW CLIENT PROFILE™

This Document Must Be Completed And Returned To ~Your
Business Name Here~ Prior To Any Training.