

# Personal Training Registration Packet



Thank you for choosing Apex PRD for your personal training needs

We take pride in providing the best service we can in helping you achieve your health and fitness goals. Please take a few minutes to complete the forms in this packet. Your answers provide our personal training team with valuable information about YOU and your needs and challenges. Please provide as much detail as possible. Be sure to sign the Release and Waiver on page 2. We will review your information and be in contact with you by phone or email within **72 business hours**.

## Please print

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency contact name and relationship:

\_\_\_\_\_

Phone #: \_\_\_\_\_

Work#: \_\_\_\_\_

Please check your areas of focus. If you have several choices, please rank them by priority.

***(If you are using your new pass complimentary single session, check only 2 areas.)***

- Learn to use the machines     Need a basic program to follow     Improve muscular strength
- Improve cardiovascular endurance     Improve body composition     Improve balance
- Improve coordination/agility     Improve flexibility     Improve performance skills
- Improve time management     Improve nutrition     Other (specify) \_\_\_\_\_

Check here if you are interested in having your body composition tested. Fee: \$12 (non-res \$14)

Do you have a preferred trainer? Name: \_\_\_\_\_

Preferred days and times for training sessions: \_\_\_\_\_

## For Office Use Only

\_\_\_\_ Complementary Session    \_\_\_\_ Activity # \_\_\_\_\_    \_\_\_\_ Youth Fast Track    \_\_\_\_ Youth Cardio Only

### Personal Training

\_\_\_\_ Individual    \_\_\_\_ Group    \_\_\_\_ Movement Screening    \_\_\_\_ Jump Start Program

\_\_\_\_ Number of Sessions Purchased    \_\_\_\_ Amount paid    Method of Payment \_\_\_\_\_

\_\_\_\_ # of Punches loaded

Staff Initials \_\_\_\_\_ I have **loaded** the customer's correct amount of sessions into customer's RecTrac account.

# Physical Activity Readiness Questionnaire

Regular physical activity is fun, healthy, and safe for MOST people. However, if you are NOT accustomed to regular vigorous activity it is advised that you check with your physician before starting to become more physically active. **Please complete this form as honestly and completely as possible.**

**Please read the following questions. Check the box next to any questions that you answered YES to:**

- Has your doctor ever said that you have a heart condition or high blood pressure?
- Do you frequently feel pain in your chest or when you perform physical activity?
- Do you lose balance due to dizziness, head injury, or a concussion?
- Have you ever had a stroke or Transient Ischemic Attack?
- Have you been diagnosed with another chronic medical condition other than heart disease or high blood pressure that needs to be addressed when developing an exercise program?
- Do you have a current spinal, bone or joint problem that could be made worse by becoming physically active?
- Have you been diagnosed with diabetes or low blood sugar (hypoglycemia)?
- Do you have a history of heart disease in your family?
- Are you pregnant or postpartum less than 6 months?
- Do you smoke?
- Have you had a recent surgery?

If you checked YES to any of the above questions, please provide more details:

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Are you currently taking any prescription or non-prescription medications regularly to manage a health condition? If so please provide more information:

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Physician : \_\_\_\_\_ Location/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Location/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release and Waiver

In consideration of being permitted to take part in the activity, or utilize the facility or service set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my child, or I are participating in such activity. I, or my child, are in good health and are physically able to participate in such activity. I agree to unconditionally waive and release Apex Park and Recreation and/or the City of Arvada, and their officers and employees, agents, servants, and all representatives and sponsors from injury that I or my child may sustain, or any damage that may be caused to me or my child's property in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment I may rent from Apex Park and Recreation District and/or the City of Arvada, their officers, employees, agents, servants or sponsors. Participants may be photographed while utilizing the facility, services, or participating in an Apex Park and Recreation District program and said photographs, or likeness of me, may be used to publicize activities as the district deems appropriate.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lifestyle, Behavioral, and Exercise History Questionnaire

Name: \_\_\_\_\_ Date \_\_\_\_\_

*It is important that your trainer learns as much about you before beginning to work with you. Please fill out this form as completely and honestly as possible.*

1. What is/was your occupation? \_\_\_\_\_

2. Do you spend more than 25% of your day doing the following:  
\_\_\_\_sitting at a desk \_\_\_\_lifting/carrying loads \_\_\_\_repetitive motion \_\_\_\_standing \_\_\_\_driving  
\_\_\_\_walking \_\_\_\_other (specify)\_\_\_\_\_

3. What are your hobbies? \_\_\_\_\_

4. What sports activities have you participated in? (past and present): \_\_\_\_\_  
\_\_\_\_\_

5. Would you like to incorporate some sport related activities into your fitness program? \_\_\_\_yes \_\_\_\_no

6. Are you interested in pre or post fitness testing? \_\_\_\_yes \_\_\_\_no \_\_\_\_maybe

7. Rate yourself on a scale of 1-5 (1 indicating the lowest value and 5 the highest)

Circle the number that best applies

Characterize your present cardiovascular capacity	1	2	3	4	5
Characterize your present muscular strength and endurance	1	2	3	4	5
Characterize your present level of flexibility	1	2	3	4	5
Characterize your present balance	1	2	3	4	5
Characterize your present level of agility and coordination	1	2	3	4	5

8. What do you hope to gain from working with a personal trainer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What are your top goals or reasons for wanting to exercise regularly:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How much time are you willing to devote to an exercise program?

\_\_\_\_days/week \_\_\_\_minutes/day

11. What obstacles do you foresee that might affect your ability to stick to your exercise plan long term? (e.g. what has stopped you in the past)

\_\_\_\_lack of time \_\_\_\_financial \_\_\_\_boredom \_\_\_\_lack of confidence or too self conscious

\_\_\_\_program structure too difficult \_\_\_\_transportation \_\_\_\_illness \_\_\_\_need stronger self discipline

\_\_\_\_got discouraged from slow results \_\_\_\_other (specify)\_\_\_\_\_

# Nutrition Background

1. Tell us about your current diet:
2. What are your nutrition goals?
3. What challenges in the past have kept you from achieving these goals?
4. Describe your nutritional knowledge:
5. Do you have specific nutritional needs or concerns that we need to be aware of?
6. Is there a particular eating plan that you are currently following? (e.g. gluten free, vegan, vegetarian, etc.)
7. Please fill in the blanks to the best of your knowledge. Try not to guess.  
How many servings of the following do you consume each day on average:  
\_\_\_\_\_ fruits \_\_\_\_\_ vegetables \_\_\_\_\_ carbs \_\_\_\_\_ protein \_\_\_\_\_ fats and oils  
\_\_\_\_\_ oz. of water \_\_\_\_\_ cups of coffee or caffeinated beverages \_\_\_\_\_ alcoholic drinks
8. How many meals do you typically eat in a day? \_\_\_\_\_
9. How often do you eat at restaurants and/or fast food places per week? \_\_\_\_\_
10. How often per week do you cook your own meals? \_\_\_\_\_
11. How often do you eat fried foods? \_\_\_\_\_
12. Describe your daily sugar intake (what, how much, when)
13. What kind of foods do you eat that are high in fiber? \_\_\_\_\_  
\_\_\_\_\_
14. Are you taking any nutritional supplements? If so please describe:
15. Do certain triggers affect your eating habits? Stress, depression, anger, loneliness, bored, time of day, lack of sleep, TV watching, when you first get home, late at night, social situations, PMS, dehydration, etc.?
16. Describe your childhood eating habits. Have they carried forward into your adult life?