



ASSESSING YOUR NEEDS:

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 <u> </u> / <u> </u> / <u> </u> Age: _____		
		M	D	Y
Address: _____		_____		
Street	City	State	Zip Code	
Phone: _____ (h) _____ (o) _____ (c)				
Email address: _____		Occupation: _____		
Emergency Contact _____		Relationship _____		
Phone _____		Address _____		
Physician's Name: _____		Physician's Phone: _____		
Physician's Address: _____		_____		
		Facility/ Street		
_____		City	State	Zip Code
Current Weight _____		Current Height _____		

Please list your secondary-care providers and the reason for seeing this provider. (Ob-gyn, psychiatrist, chiropractor, orthopedic physician, massage therapist, etc.)

Name: _____ Care Provided: _____

Name: _____ Care Provided: _____

Name: _____ Care Provided: _____



Athletic Enhancement Questionnaire

How did you hear about us? Please check that which applies.

- Brochure
 Word of mouth
 Media source
 Local gym
 Yellow Pages
 Web site
 Equipment store
 Professional partner

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 previous questions, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? If so please list name and reason for taking.



Athletic Enhancement Questionnaire

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

Exercise Related Questions

What sports or activities do you currently participate in? _____

What sports or activities have you participated in the past? _____

What if anything stopped you from participating in those activities in the past? _____

What do you want to work on with your Personal Trainer? _____

On a scale of 1-10, how would you rate your present fitness level? (1 = very poor – 10 = excellent) _____

Are you currently doing any strength and conditioning training? _____



Athletic Enhancement Questionnaire

What training activities are you presently involved in?

<i>Cardiovascular Exercises</i>	Frequency/Week	Average Length	Easy/Moderate/Hard

<i>Strength Training Exercises</i>	Frequency/Week	Average Length	Easy/Moderate/Hard

<i>Stretching Exercises</i>	Frequency/Week	Average Length	Easy/Moderate/Hard

Nutrition Related Questions

On a scale of 1-10, how would you rate your nutrition? (1 = very poor – 10 = excellent) _____

How many times a day do you usually eat (including snacks)? _____

Do you skip meals? YES NO

Do you eat breakfast? YES NO



Athletic Enhancement Questionnaire

Do you eat late at night? Sometimes Often Never

What activities do you engage in while eating? (TV, reading etc) _____

Do you feel drops in your energy levels throughout the day? YES NO

If yes, when? _____

Do you know how many calories you eat per day? YES NO

If yes, how many? _____

Are you currently or have you ever taken a multivitamin or any other food supplements?

YES NO If yes, please list the supplements. _____

At school, do you usually: Eat out Bring food

How many times per week does your family eat out? _____

When you go out to eat, where are the three most common places you go?

1. _____

2. _____

3. _____

Do you eat foods high in fat and sugar? Sometimes Often Never

List 3 areas of your Nutrition you would like to improve:

1. _____

2. _____

3. _____



Participant Release and Knowledge of Agreement:

Waiver of Liability

I, _____, wish to participate in the exercise, nutrition and life skills program offered by Empower Personal Training. 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 to obtain his/her approval for my participation in a fitness program. I agree that Empower Personal Training shall not be liable or responsible for any injuries including death to me resulting from my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility). I expressly release and discharge Empower Personal Training, its owners, employees, agents and/or independent contractors, 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, death 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)

I certify that the answers to the questions outlined on the PAR-Q form regarding health, nutrition and life skills 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)

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)

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)



Limitations and Disclaimers

In no event shall Empower Personal Training be liable for any indirect, incidental, consequential, special or punitive damages, including any loss of earnings/wages.

No Guarantee

I understand that nutrition, life skill, and orthopedic advice and recommendations made by Empower Personal Training's trainers are based upon the answers provided in my PAR-Q form. That nutrition, life skills and rehabilitation exercises can be a valuable component of the training program, but do not guarantee results in weight loss or training goals. It is my responsibility to inform my Personal Trainer of any significant changes in my health, which would impact my ability to pursue/achieve trainer's goals outlined.

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

Sessions

I understand that all personal training rates are based on 60 minute sessions (excepting specialty programs) and should I arrive late, there is not guarantee 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)

Billing

I understand that Empower Personal Training accepts payment in full at the time of service. For clients' convenience packages of our services may be purchased on a pre-pay basis. Empower Personal Training accepts cash, checks made payable to Empower Personal Training, LLC, MasterCard or Visa. A \$25 fee will be assessed on returned checks.

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

Cancellation

I understand that Empower Personal Training operates on a scheduled appointment basis and thus, requires that I provide a 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with less than 24 hours notice, I will be charged in full for that session. I understand that Empower Personal Training recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

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



Athletic Enhancement Questionnaire

Refunds

In the event a Client elects to cancel his/her Preferred Personal Training Package, the client will be refunded 50% of the value for all unused sessions based on the package purchased. Clients that have not paid in full for their Preferred Personal Training package will be charged 50% of the value of the unused sessions at the time of cancellation.

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

Additional Terms and Conditions

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 Empower Personal Training, I will immediately request that my trainer discontinue using this technique.

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

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)

I understand that should my Personal Trainer become ill, is away on holiday, or is no longer employed by Empower Personal Training due to resignation or termination another trainer will be assigned to me so that my fitness progress does not suffer.

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.

STUDENT

PARENT

DATE

DATE