



Instructions

1. Please complete each form accurately and completely.
2. Submit completed forms to Reception (Oak Bay or Henderson Recreation Centers).
3. You will be contacted within 72 hours by a trainer to set up your first appointment.
4. Personal Training Sessions must be purchased prior to scheduling an appointment.

PLEASE NOTE:

- Personal Trainers Bios are posted at each fitness center and online www.recreation.oakbay.ca
- Packages expire after 1 year from the date of purchase
- Medical clearance may be required

Cancellation Policy

- 24 hours' notice is required for appointment cancellations
- To cancel an appointment, first attempt to contact the trainer directly
- If you are unable to reach the trainer, please call reception at 250-595-7946 and provide them with your appointment date, trainers name and reason for cancellation
- If you cancel within 24 hours you may be charged for the appointment

Please call the Fitness Programmer at 250-370-7117 if you have any questions.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's personal training and personal training rehabilitation programs. The information may be stored in paper files in secure locations within District offices and/or digitally within the District's secure computer network, accessible only to authorized staff, including the Fitness Supervisor, Fitness Programmer, Personal Trainers and/or authorized acting personnel in these positions. The information collected is used to inform staff of necessary health history, including, but not limited to, chronic conditions, medications, past injuries, past surgeries, and relevant lifestyle factors. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311.



Health History Form

To be completed prior to starting personal training sessions

Name: _____

Birth Date: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Work Phone: _____

Family Doctor: _____

Doctor's Phone: _____

1. Which location would you prefer to train at? Oak Bay Recreation Centre Henderson Recreation Centre

2. What training package are you purchasing today?

**PRIVATE PERSONAL TRAINING (ONE ON ONE)
1 HR SESSIONS**

- 1 session \$65
- 2 Session \$130
- 5 Session \$293
- 10 Session \$520
- 15 Session \$731

**SEMI-PRIVATE PERSONAL TRAINING (PER COUPLE)
1 ½ HOUR SESSIONS**

- 1 Session \$110
- 3 Sessions \$305
- 10 Sessions \$ 961

3. Do you have a specific trainer you would like to work with? _____

4. What days and times work best for you to meet with your personal trainer? Please check all that apply.

Monday Tuesday Wednesday Thursday Friday Sat/Sun

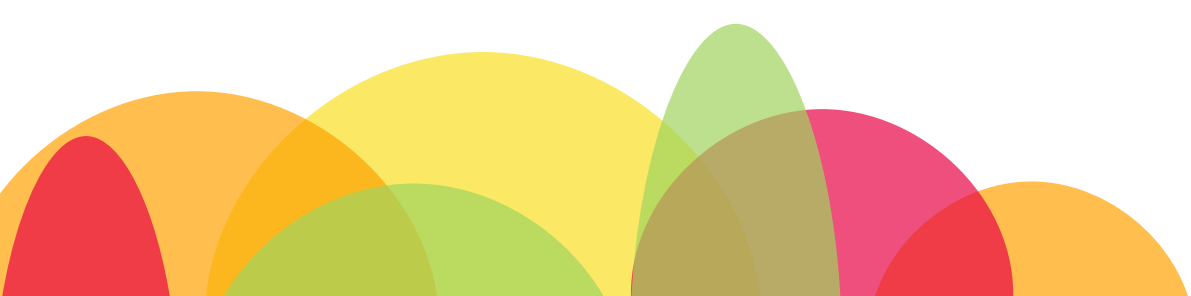
8:00am-12:00pm

12:00-5:00pm

5:00-8:00pm

5. Do you have any chronic illnesses? _____ If yes, explain:

6. Do you take any Prescription Medication? _____ If yes, explain:



7. Do you take any over-the-counter medications or supplements? If yes, explain:

8. Have you had any bone, joint, muscle injuries or concerns – past and present? Please check and explain.

Head

Neck	Elbow	Foot	Other
Shoulder	Wrist	Arms	Explain: _____
Upper Back	Hips	Legs	_____
Mid Back	Knees	Chest	_____
Lower Back	Ankles	Stomach	_____

9. Is this injury related to a Motor Vehicle Accident? ____ If yes, do you have an open claim with ICBC? ____

9. Have you had any surgeries? _____ If yes, explain:

10. Do you smoke? _____ If yes, how often? _____

11. Rate your daily stress level from 1-10 (1= very low / 10 = very high) _____

12. How many hours do you regularly sleep per night? _____

13. Occupation/Daily Routine: (please check one) Sedentary Active Physically Demanding

14. Are you currently participating in any physical activity? ____ If yes please state Frequency, Intensity, Duration, and Type _____

15. What would you rate your knowledge around fitness: Poor Good Excellent

16. Please outline your fitness goals and expectations from Personal Training:

Add Variety to Current Exercise Routine	Improve Health	Reduce Stress
Build Muscle Mass	Increase Flexibility	Other _____
Enhance Sport Specific Skills	Increase Motivation	_____
Improve Balance	Increase Muscle Tone	_____
Improve Cardiovascular Fitness	Learn correct form and exercise technique	_____
	Reduce Fat	_____

12. Which obstacles or barriers are preventing you from attaining these goals?

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- 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.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: 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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.