



FITNESS QUESTIONNAIRE

TOWNSHIP OF LANGLEY

Please complete the following questions. The more detailed the information, the better we can serve you! Come prepared to discuss your health and exercise history, lifestyle habits, and current fitness and health goals.

Name:	New client? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Phone:
Preferred contact: Phone – Email	Date:

On a scale of 1-10 (10 being highest), how would you rate your current fitness level? _____

Fitness Goals: What are you trying to achieve? Check all that apply

- General overall health
- Sport conditioning
- Improve cardio endurance
- Lifestyle change
- Increase muscle strength
- Post-rehabilitation
- Improved body composition
- Improve exercise technique
- Other:

What is your fitness activity experience?

- Beginner
- High performance
- Returning to fitness
- Other:
- Recreational

Availability	Mornings	Afternoon's	Evenings
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trainer Preference:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:
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Is there any other information you would like to share? (Use back if necessary)

Declaration

We assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity. I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. Personal Training and Weight Room Orientation cancellation notice is 24 hours in advance.

Name:	Date of birth YYYY/MM/DD:
Signature:	Witness:

If under the age of 18 please have a parent/guardian complete the following

I hereby consent for my child to participate in physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parent/Guardian (If under 18):	Signature:

Any personal information collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. Direct enquiries, questions, or concerns regarding the collection, use, disclosure or safeguarding of personal information associated with this form to: Freedom of Information and Protection of Privacy Coordinator, Township of Langley, 20338 – 65 Avenue, Langley BC V2Y 3J1 604.533.6004.

REQUIRED DOCUMENTATION – FOR OFFICE USE ONLY

- PAR-Q completed and attached
- Receipt Attached
- Consent signed (if underage)

Notes: