

# Personal Training Request

## 1 Client Information

|       |  |
|-------|--|
| Name  | Preferred contact<br><input type="checkbox"/> Email <input type="checkbox"/> Phone |
| Email | Phone  |

## A Fitness Information

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

## B Fitness Goals

What are you trying to achieve? Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General overall health   | <input type="checkbox"/> Lifestyle change         | <input type="checkbox"/> Improved body composition  |
| <input type="checkbox"/> Sport conditioning       | <input type="checkbox"/> Increase muscle strength | <input type="checkbox"/> Improve exercise technique |
| <input type="checkbox"/> Improve cardio endurance | <input type="checkbox"/> Post-rehabilitation      | <input type="checkbox"/> Other: _____               |

## C Fitness Experience

What is your fitness activity experience?

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

## 2 Availability Check all that apply.

|          | Morning                  | Afternoons               | Evenings                 |
|----------|--------------------------|--------------------------|--------------------------|
| Weekdays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Trainer Preference:  Male  Female  No preference

## 3 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.

\_\_\_\_\_  
Name Signature Date (mm/dd/yyyy)

If under the age of 18, I hereby consent for my child to participate in physical activity.

\_\_\_\_\_  
Name of parent/guardian (if client under 18) Signature Date (mm/dd/yyyy)

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: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 [foi@tol.ca](mailto:foi@tol.ca) 604.532.7396