Township of Langley

Est. 1873

Youth Weight Training Packages

Individual Sessions

Sessions are booked around your availability and are scheduled with certified Personal Trainers.
Those 13-15 years must have their parent or guardian complete the Parental Consent Form.
Please select required package:

- **Personal Orientation**

We recommend this package as initial start-up package; program includes a total of 2 hours (1.5 hour initial set-up and a 0.5 hour follow-up). All available at all sites.

❑ Individual Session $99.00

- **Personal Training**

Includes 1 hour sessions to design a personalized training program and provide ongoing support during your workouts. Tandem sessions (2 people with 1 trainer) are also available for those with similar fitness goals. Available at all sites.

❑ 1 Session (Individual) $52.00
❑ 5 Sessions (Individual) $247.25
❑ 10 Sessions (Individual) $470.50

❑ 1 Session (Tandem) $34.00/person
❑ 5 Sessions (Tandem) $160.75/person
❑ 10 Sessions (Tandem) $306.00/person

- **Youth Personal Weight Room Orientation**

Can't make our scheduled group programs? We can set up an appointment during one of our staff times to accommodate your schedule. We will include information and education on cardio training, strength training, free weights, spotting, an introductory training program and how to progress your program (includes 2 sessions). All available at all sites.

❑ Personal Weight Room Orientation Included with admission

Group Sessions

Sessions are available at scheduled times throughout the week. Register into the day and time that fits your schedule. If the current schedule of classes does not fit your schedule, please contact the Fitness Programmer to see if additional times can be available.

- **Youth Weight Training**

Get started on a weight training program that suits your needs. We include information and education on cardio training, strength training, free weights, spotting, and how to progress your program. Group and individual options available, call your local community recreation centre for details.

❑ 4 Sessions $70 (minimum of 3 people required)

- **Youth Only Weight Room Orientation & Weight Room Orientation**

Includes an orientation to weight room procedures, rules, and equipment.

❑ Weight Room Orientation Included with admission

Please note: The above prices do not include applicable taxes or admission to the Fitness Centre; you are required to pay a drop-in fee, or present your pass at each session.

All Township of Langley fitness centres are staffed by personal trainers certified by the British Columbia Recreation and Parks Association (BCRPA) and kinesiologists certified by the British Columbia Association of Kinesiologists (BCAK).

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Procedure:

Once you have read through and completed this form, return it to the Community Centre and register for the package that best meets your needs. This form will be forwarded to our Fitness Supervisor. You will be matched up with the appropriate trainer based on the information you have provided.

Instructions for the day of your training session:

We suggest you eat a light snack (yogurt, fruit, juice or muffin) and drink 1-3 cups of water, 1-2 hours before your session. Come prepared for physical activity and wear appropriate clothing and footwear.

Participant Information

* Required fields

*Name:_____

*Address:_____

_____*Postal Code:_____

*Home Phone: _____ Work Phone:_____

Occupation:_____

Email: _____

□ Please check here if your trainer is able to contact you through email.

Height: _____ Weight: _____

*Age:_____ *Date of Birth:_____ *Sex:_____

Physician's Name:_____ Phone:_____

*Emergency Contact Person: _____ Phone:(h)_____(w)_____

Individual Programs

Please fill in which days and times you are available to work with your trainer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

Name of trainer (optional):_____

Would you prefer a male or female trainer? _____ M _____F

Note: A request to work with a specific trainer may not always available.

Cancellation Policy

24 hour notice is required to make changes to the day or time of your appointment. Appointments changed or cancelled with less than 24 hours notice will not be available for rebooking or refund. Please call the community recreation centre your appointment is schedule for to inform us of any changes.

I have read and understand the 24 hour cancellation policy

_____ _____

Signature Date

Activity History

The following questions are designed to provide your trainer with information regarding your past and current activity level in order to help them decide which activities and level of intensity are most appropriate for you. We ask that you answer the questions as thoroughly as possible.

1. Please indicate your level of physical activity in the last 3 months:
   Inactive____ Occasionally Active____ Active____ Very Active____

2. What types of activities do you currently participate in?
   _____
   _____

3. Are there any activities that you previously participated in that you had to discontinue? If so, why? _____
   _____

4. Please indicate what exercises interest you most: _____
   _____
   _____

5. How many days per week can you realistically commit to being physically active?
   _____

6. How much time do you have for each exercise session/activity? _____
   _____

7. How would you rate your nutritional habits?
   Great_____ Usually Good_____ Needs Work_____ Help!_____

8. Do you take any supplements? If so, please list_____
   _____
   _____

9. Please check specific goals:
   Improve Cardiovascular Fitness___ Improve Muscular Endurance___
   Improve Body comp/Weight Control___ Improve Muscular Strength___
   Improve Flexibility___ Injury Prevention___
   Improve a specific skill __ Other
   _____

10. What are your expectations/goals regarding this program? _____
    _____
    _____

Medical History

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people.
This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.
Please read the questions carefully and honestly answer each one by checking ***Yes*** or ***No***.

	Yes	No
1. Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐?		
2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? Please list condition(s) here: _____		
5. Are you currently taking prescribed medications for a chronic medical condition? Please list condition(s) and medications here: _____ _____		
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it ***does not limit your current ability*** to be physically active. Please list condition(s) here: _____		
7. Has your doctor ever said that you should only do medically supervised physical activity?		

If you answered YES to one or more questions, complete pages 5-7.

If you answered NO to all questions, go to page 8 and sign the declaration:

- If you answered no honestly to all PAR-Q questions, you can be reasonably sure you can start becoming more physically active. Beginning slowly and building up gradually is the safest way to proceed.

Medical History *con't*

Please complete the following questions if you answered Yes to any questions on page 4.

			Yes	No
1.	Do you have Arthritis, Osteoporosis, or Back Problems?		☐ Go to 1a-1c	☐ Go to question 2
	1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?		
	1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?		
2.	Do you have Cancer of any kind?		☐ Go to 2a-2b	☐ Go to question 3
	2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?		
	2b.	Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?		
3.	Do you have a Heart or Cardiovascular Condition? *This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm*		☐ Go to 3a-3d	☐ Go to question 4
	3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	3b.	Do you have an irregular heart beat that requires medical management? (e.g. atrial fibrillation, premature ventricular contraction)		
	3c.	Do you have chronic heart failure?		
	3d.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?		
4.	Do you have High Blood Pressure?		☐ Go to 4a-4b	☐ Go to question 5
	4a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	4b.	Do you have a resting blood pressure equal to or greater than 160/90 mmHG with or without medication? (Answer YES if you do not know your resting blood pressure)		

5.	Do you have any Metabolic Conditions? *This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes*		☐ Go to 5a-5e	☐ Go to question 6
	5a.	Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies?		
	5b.	Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia include shakiness, nervousness, irritability, sweating, dizziness, light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.		
	5c.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet?		
	5d.	Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?		
	5e.	Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?		
6.	Do you have any Mental Health Problems or Learning Difficulties? *This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome*		☐ Go to 6a-6b	☐ Go to question 7
	6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	6b.	Do you ALSO have back problems affecting nerves or muscles?		
7.	Do you have a Respiratory Disease? *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*		☐ Go to 7a-7d	☐ Go to question 8
	7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	7b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?		
	7c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?		
	7d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?		

8.	Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia		☐ Go to 8a-8c	☐ Go to question 9
	8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	8b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?		
	8c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?		
9.	Have you had a Stroke? *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*		☐ Go to 9a-9c	☐ Go to question 10
	9a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)		
	9b.	Do you have any impairment in walking or mobility?		
	9c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?		
10.	Do you have any other medical condition not listed above or do you live with two or more chronic conditions?		☐ Go to 10a-10c	☐ See below
	10a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?		
	10b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?		
	10c.	Do you currently live with two or more chronic conditions?		

If you answered NO to all questions, please go to page 9 and sign the declaration:
If you answered no honestly to all questions, you can be reasonably sure you can start becoming more physically active. Beginning slowly and building up gradually is the safest way to proceed.

If you answered YES to one or more questions:

- Talk with your doctor before you start becoming more physically active.
- Tell your doctor about this questionnaire and which questions you answered ***Yes***.
- You may be able to do any activity you want - as long as you start slow and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

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Declaration & Parental Consent Form

(To be completed by Parent or Guardian)

Child's Name: _____ Birthdate: _____Age: _____

- I hereby allow my son/daughter _____ to participate in weight training programs in the fitness centre.

1. Please list any information or special instructions that the instructor should be aware of:
   _____
   _____
2. Please list any other comments:
   _____
   _____
3. In the event that my son/daughter _____is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize the Township Of Langley Recreation Division staff or agents to seek medical attention and/or admit my son/daughter to hospital.

In case of emergency please contact:

Parents/Guardian Name:	Alternate Contact Name:
_____	_____
Address:_____	Relationship:_____
Phone Number:_____	Phone Number:_____
Cel Number:_____	Cel Number:_____

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 _____ Date _____

Signature _____ Witness _____

Signature of Parent/Guardian/Care Provider _____

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.