

<b>Trainer</b>	
<b>Service</b>	
<b>Ref:</b>	

# Client Information Form

**Please complete and return to us at least 2 days prior to your first scheduled session.**

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:		DOB: M/D/Y		Age:	
Address:		City:		St	Zip
Phone: (c)					
(h)					
(o)					
<b>Email:</b>					
<b>How did you hear about us?</b>					
Emergency Contact:			Relationship:		
Phone Number:					
Physician's Name:			Physician's Phone:		
Physician's Address:					
Fitness by Design will send information regarding your physical exercise program to your physician upon request.					

**Please provide 12 hours notice if you need to cancel or reschedule your Personal Training appointment. Failure to provide 12 hours notice will result a charge to your account. Contagious illness and true emergencies will be considered.**

**Fitness by Design**

**Location: NW Indianapolis on the Corner of 96<sup>th</sup> St. and Ditch Rd.**

**1355 W. 96<sup>th</sup> St., Indianapolis, IN 46260**

**p: 317-574-0782**

**[getfit@fbdindy.com](mailto:getfit@fbdindy.com)   [www.fbdindy.com](http://www.fbdindy.com)**

**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 you given birth within the past 6 months?

\_\_\_\_\_

Have you had a recent surgery?

\_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

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Do you take any medications; whether prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? \_\_\_\_\_

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

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**Fitness History:**

- 1) When were you in the best shape of your life? \_\_\_\_\_
- 2) Have you been exercising consistently for the last 3 months?    YES    NO
- 3) When did you first start thinking about getting in shape? \_\_\_\_\_
- 4) What if anything stopped you in the past? \_\_\_\_\_
- 5) On a scale of 1-10, how would you rate your present fitness level (1=worst 10=best)? \_\_\_\_\_

**Exercise Related Questions:** Skip to next section if you are presently INACTIVE.

- 1) How often do you take part in physical exercise?  
                     5-7x/week                      3-4x/week                      1-2x/week
- 2) If your participation is lower than you would like it to be, what are the reasons?  
 Lack of interest      Illness/injury      Lack of time      Other \_\_\_\_\_
- 3) How long have you been consistently physically active for? \_\_\_\_\_
- 4) What activities are you presently involved in?

<b>Cardio &amp;/or Sports</b>	Frequency per week	Average length of time	Easy   Moderate   Hard
<b>Strength Training</b>			
List Strength Exercises:			
<b>Flexibility</b>	Frequency per Week	Average length of time	

**Goal Setting:**

**How can a Personal Trainer help you? Please check that which applies.**

- ☐ Lose Body Fat      ☐ Develop Muscle Tone      ☐ Rehabilitate an injury  
☐ Nutrition Ed      ☐ Start an Exercise Program      ☐ Design a more advanced program  
☐ Sports Specific Training      ☐ Increase Muscle Size      ☐ Fun      ☐ Motivation

Other \_\_\_\_\_

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are "SMART".

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R= Rewards-based (Attach a reward to each goal)

T= Time Frame (Set specific dates for goals)

1. Please list in order or priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals? Be specific.

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3. Where do you rate health in your life?   ☐ Low Priority    ☐ Medium Priority    ☐ High Priority

4. How committed are you to achieving your fitness goals?   ☐ Very    ☐ Somewhat    ☐ Not Very

5. What do you think is the most important thing we can do to help you achieve your fitness goals?

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6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress toward accomplishing your goals (i.e. not training consistently, upcoming vacation plans, busy season at work, not following the program, allowing other responsibilities to become priority over exercise etc.)

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7. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**POLICIES:**

## Participant Release and Knowledge of Agreement

- 1) I, \_\_\_\_\_, acknowledge and agree that certain risk on injury exists when participating in a body fitness training program utilizing weight training, weight lifting, functional training, and other exercise modalities. It is expressly agreed that all exercises and modalities SHALL BE UNDERTAKEN BY ME AT MY SOLE RISK, and Fitness by Design shall not be liable to me for any claims, demands injuries, damages, actions or causes of action whatsoever to my person or property arising out of or connected with the use by me of the services and facilities of Fitness by Design and its agents, employees, and servants, whether said services are provided on or off the business premises. I further hereby expressly forever waive, release and discharge Fitness by Design from any and all claims, demands, injuries, damages, actions or causes of action and from all acts of active or passive negligence on the part of said corporation, its agents, employees, and servants.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 2) I certify that the answers to the questions outlined on the PAR-Q form 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)**

- 3) 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)**

- 4) 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)**

- 5) **PAYMENT:** I understand that Fitness by Design bills its Personal Training Clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash and checks made payable to Fitness by Design are all accepted. I understand that all Personal Training sessions are non-refundable, however they are transferable to family or friends. An EFT agreement must be signed if you wish to keep your payment method saved in our POS system.

Your account will be charged for the following events –

- Completion of a scheduled session
- Failure to show for a scheduled session
- Late cancellation of a scheduled session (less than 12 hours)

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 6) **CANCELLATION:** I understand that Fitness by Design operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 12 hours notice when canceling an appointment. No charge will be levied should I cancel with more than 12 hours notice given. Should I cancel a session without 12 hours prior notice, I will be charged in full for that session. I understand that Fitness by Design recommends that all Personal Training cancelled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 7) **Assignment of Personal Trainers:** Fitness by Design is a team of trainers. In general you will work with one employee of Fitness by Design, but in some circumstances you may workout with a different employee (trainer) based on your scheduling, trainer vacation, illness, etc... You are encouraged to work with the trainer assigned to you during their absence. Rob and Lisa are responsible for trainer assignments and we want to keep you as a satisfied customer. Your requests will be honored when possible, and your satisfaction is guaranteed or you will not be charged for the appointment.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 8) All children are strictly prohibited from the exercise floor unless working out with a personal trainer and a signed waiver form is on file. Children under the age of 8 are required to be supervised.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 9) 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)**

- 10) I understand that Fitness by Design photographs many of their client event/sessions and I provide written approval for them to use these pictures for promotional purposes.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 11) **Valuables:** Please do not leave purses/bags under the reception area desk. We are not responsible for them. Lockers are available in the locker rooms. We recommend that you do not leave valuables visible in your car. We have locks for you use if you want one. Lockers may be rented for \$5 per month (\$60/year).

- 12) **Our Promise:** If your trainer misses a scheduled workout he/she will make up that workout and credit you one additional session.

**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.**

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Personal Trainer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**