

McLaren Fitness Personal Training Application

Name: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Cell Phone (optional): _____

Email (optional): _____

What is the easiest way to contact you? _____

Are you currently a member of McLaren Fitness? _____

If so, how long have you been a member? _____

Medical Information

Physician: _____ Name of Practice: _____

City: _____ State: _____ Zip code: _____

Are you currently under the care of a physician for health issues?

Yes (please explain: _____)

No

Date of last physical exam: _____

Emergency Contact Person: _____ Phone Number: _____

Relationship to You: _____

Training Preferences

Trainer preference: Male Female Either

Name of trainer (if known): _____

Date you can begin training: _____

Please specify what days and times are best for training: _____

Why did you decide to invest in personal training?

What are you looking for in a Personal Trainer or what would you like your Personal Trainer to provide?

Please list any specific goals you would like a Personal Trainer to help you achieve.

How often do you intend on scheduling personal training sessions (days per week/month)?

Risk Factor Assessment

History

Have you personally had any of the following?

- Heart Attack
- Heart Surgery (please specify: _____)
- Heart disease (i.e. heart failure, heart valve disease, etc)
- Any major illness that may affect your ability to exercise
- You are currently taking heart medications

Symptoms

Have you ever experienced any of the following?

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, seizures or blackouts

Other Health Issues

Please mark any of the following conditions that apply:

- You have diabetes
- You have asthma or another lung disease
- You experience burning or cramping sensation in your legs when walking short distances
- You have joint, muscle, or bone conditions that may affect your ability to exercise
- You are taking prescription medications (Please List: _____)
- You are pregnant
- You have had surgery (please specify: _____)

Cardiovascular Risk Factors

Please mark any of the following conditions that may apply:

- You are a man older than 45
- You are a woman older than 55, have had a hysterectomy, or are postmenopausal
- Your blood pressure is greater than 140/90 mmHg OR you are currently taking blood pressure medication
- Your blood cholesterol level is greater than 200 mg/dl, OR you are currently taking blood cholesterol medications
- Your father or brother had heart surgery or a heart attack before 55 years of age
- Your mother or sister had heart surgery or a heart attack before 65 years of age
- You are a smoker
- You are more than 20 pounds overweight

Do you have any other medical conditions that may affect your participation in an exercise program? If yes, please briefly explain:

Personal Training Policies

Rates and Payment

I understand that the rates for personal training have been predetermined. Discounts will be allowed when buying multiple training sessions **if all sessions are paid for before the initial appointment**. No other discounts will be given for personal training sessions. **Payment for all training sessions must be made prior to the session**. Payment may be in the form of cash, check (made payable to CMCH), or credit card. **Personal Training sessions are not refundable**, nor transferable, and all sessions will expire one year from the date of purchase.

Initial Consultation

A free consultation for prospective personal training clients is offered. During the free consultation, potential clients will meet with a personal trainer to discuss the personal training program set-up, client goals, recommended actions, benefits of personal training, personal training policies, and client and trainer expectations. All application materials must be filled out prior to scheduling the initial consultation. Once applications are received, a personal trainer will contact you within 2 **business days** to schedule the consultation. Initial consultations will last approximately 30 minutes.

Appointment Expectations

I understand that personal training sessions are scheduled with my personal trainer at a time that is convenient for both of us. I agree to be fully prepared to start my session at the scheduled time. All dressing and payment should be done before the scheduled start time in order to receive the maximum amount of session time. What occurs during each session (what exercises, what order, etc.) is determined by my personal trainer with my goals and interests in mind. If something is not up to my expectations, or I have concerns about my training session, it is my responsibility to address those concerns with my trainer in a timely fashion so that my program may be adapted accordingly.

Cancellation Policy

All cancellations require 12 hours advanced notice by either party. In the event that 12 hours notice is not given by the client, the client will be charged the full amount of the scheduled session. If it is necessary for the Personal Trainer to cancel a session with less than 12 hours notice, the client will receive one free session.

Late Policy

Training sessions begin at their scheduled time. Trainers will wait for ½ hour past the scheduled start time of each session. After ½ hour, the session will be considered cancelled without notice and the client will be charged full price. Clients arriving late will receive the remainder of their scheduled session at full cost of the originally scheduled session. Session times will not be extended to accommodate late clients. If a Personal Trainer arrives late, the client may elect to reschedule a free session or receive the entire scheduled session at full cost.

Medical Hold Policy for Pre-Purchased Sessions

If I become medically unable to participate in Personal Training sessions that have been pre-purchased, it is my responsibility to provide proof in the form of a physician’s note to McLaren Fitness in order to place those sessions in hold. I will also be responsible for providing physician’s clearance prior to my return. Any sessions placed on hold will have their expiration dates extended for the duration of the medical condition as indicated by the physician’s notes.

Grievance Policy

McLaren Fitness is highly committed to the satisfaction and retention of all members. Personal Trainers are not at liberty to alter or waive policies and procedures set by McLaren Fitness. If, for any reason, you are unhappy with the service you have received, or you have any suggestions for improvement, you are encouraged to speak with John Pilling, Lead Exercise Physiologist, or Julia Keeper, Fitness Supervisor.

Informed Consent

I have answered the above questions to the best of my knowledge. I understand that exercise, with or without a personal trainer, can cause unpredictable body responses. For this reason, I understand that it may be necessary for my physician to provide medical clearance prior to beginning my exercise testing and programming. I also agree to keep my personal trainer, as well as McLaren Fitness, informed about any changes in my health and physical condition. The policies and procedures of personal training at McLaren Fitness have been fully explained to me. I have had the opportunity to ask, and have received adequate answers to, any questions I had at this time. I agree to fully comply with all policies and procedures as outlined above.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

For Office Use Only

Date Application Received:
Medical Clearance Required:

Client Assigned To:
Client Contacted:

Initial Appointment Scheduled:
Fitness Evaluation Completed: