



## Getting Started

### 1. Complete Required Forms

- Personal Training Intake Form (this document)
- PAR-Q+ Form (Physical Activity Readiness Questionnaire)
- ePARmed-X (if applicable)

### 2. Submit Forms and Purchase Sessions

- Submit completed forms by email to [cov.fitness@vancouver.ca](mailto:cov.fitness@vancouver.ca) or in person at your preferred Vancouver Park Board community centre.
- Purchase your preferred number of sessions when submitting your forms.

### 3. Next Steps

Once your forms and payment have been received:

- Submitted information will be reviewed.
- A Personal Trainer will be assigned based on your goals and availability.
- The assigned Personal Trainer will make contact to schedule your first session.

## What are your preferred training days and times?

(e.g., Monday, Wednesday and Friday, 10:00–11:00 a.m.)

	Morning	Afternoon	Evening
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Preferred Fitness Centre Location: \_\_\_\_\_



**Personal Training Client Intake Form**  
Vancouver Board of Parks & Recreation

---

**Personal Training Client Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  Phone Call  Text  Email

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Trainer Preferences**

Trainer Preference (Optional):  Male  Female  No Preference

Preferred Trainer (if known): \_\_\_\_\_

Additional Comments (optional): \_\_\_\_\_

**Fitness Goals** (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Sport-specific training           |
| <input type="checkbox"/> Improve muscular strength      | <input type="checkbox"/> Weight control / body composition |
| <input type="checkbox"/> Increase flexibility           | <input type="checkbox"/> Injury prevention                 |
| <input type="checkbox"/> Improve muscular endurance     | <input type="checkbox"/> Injury rehabilitation             |

Details of your fitness goals:

---

---



## Lifestyle and Fitness Related Questions

### 1. Current Exercise

Do you currently engage in physical activity?  Yes  No

If yes, what do you do and how often?

\_\_\_\_\_

If no, did you previously engage in physical activity?  Yes  No

If yes, why did you stop? \_\_\_\_\_

### 2. Sleep and Nutrition

Which best describes your eating habits?

I eat balanced meals most of the time

I eat well some days, not others

I struggle to eat healthy consistently

Anything relevant (optional): \_\_\_\_\_

How many hours do you usually sleep per night? \_\_\_\_\_ hours

### 3. Injuries and Health Considerations

Current injuries or areas of concern: \_\_\_\_\_

Past injuries (if relevant): \_\_\_\_\_

Do you have any other health issues, conditions, or medications that your Personal Trainer should be aware of?  Yes  No

If yes, please list: \_\_\_\_\_



## Personal Training Client Contract

Please check each statement to confirm your understanding and agreement.

- I am voluntarily participating in a personal training program, which may include exercise sessions and fitness assessments.
- I have completed the PAR-Q+ and answered all questions honestly. I understand I may need medical clearance or a referral from a healthcare provider before participating.
- I understand exercise involves risks, including injury, and I accept these risks.
- I agree to inform my trainer of any injuries, pain, or changes in my health that may affect my ability to exercise safely.
- I release my trainer from any claims or liability for injury, loss, or damages from participation, except in cases of gross negligence.
- I understand the 24-hour cancellation policy; missed sessions may be charged. In semi-private workouts, one client missing counts as a completed session.
- I will contact my Trainer directly for late arrivals, cancellations, or schedule changes. Communication should not be left at the customer service desk or with staff.
- I understand that in case of a medical emergency or extended absence, I must contact the Fitness Programmer to request a refund or extension.
- I will follow Fitness Etiquette, the Code of Conduct, and other such posted facility signage.

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of parent or guardian, if client is under 18 yrs: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Trainer (to sign by first session): \_\_\_\_\_

*I waive any and all claims against the City of Vancouver, the Board of Parks and Recreation, and their employees and authorized agents and release and discharge them, their successors and assigns, from any and all actions, causes of action, claims and demands which may arise in consequence of my participation in the Fitness Centre personal training programs irrespective of whether my death or injuries to me resulted from negligence by the aforesaid parties. This waiver and release are binding on my estate and my heirs.*