

# Timms Community Centre

20702 Eastleigh Crescent

Phone: 604-514-2940

fax: 604-530-8596

## Personal Training Package



Please complete these forms and return to Timms Community Centre front desk at the time of registration. A personal trainer will contact you to arrange for your first session after reviewing your information.

CITY OF  
LANGLEY



City of Langley  
Recreation, Culture & Community Services  
[www.city.langley.bc.ca](http://www.city.langley.bc.ca)

# LIFESTYLE QUESTIONNAIRE

**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 hour notice will not be available for rebooking or refund. Please call Timms Community Centre to inform us of any changes at 604-514-2940. **Please sign below to indicate you have read this policy.**

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

Name: _____	Date of Birth: _____
Address: _____	
Phone Number(s): home _____	cell _____ work _____
Best Times to Call: _____	
Email: _____	Emergency Contact: _____

**Please check the program you are requesting:**

**Individual sessions:**

- 1 x one hour sessions    3 x 1 hour sessions    5 x 1 hours sessions    10 x 1 hours sessions

**Tandem (with another person):**

- 1 x one hour sessions    3 x 1 hour sessions    5 x 1 hours sessions    10 x 1 hours sessions

**What are your goals for this program?**

- |  |   |
|--|---|
| <input type="checkbox"/> Improve Cardiovascular Fitness  | <input type="checkbox"/> Improve Muscular Endurance |
| <input type="checkbox"/> Improve Body Composition/Weight | <input type="checkbox"/> Improve Muscular Strength  |
| <input type="checkbox"/> Improve Flexibility             | <input type="checkbox"/> Injury Prevention          |
| <input type="checkbox"/> Improve a Specific Skill        | <input type="checkbox"/> Other – please explain     |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a specific Trainer at Timms Community Centre that you would like to request?

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the days and times would be best for you to work with a trainer?**

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

How would you best describe your lifestyle: active  inactive

How many days per week do you normally spend at least 20 minutes in moderate to strenuous exercise? (Circle one) 1 2 3 4 5 6 7 days per week

What is your occupation: \_\_\_\_\_ Do you sit or stand? \_\_\_\_\_

How many meals do you eat daily? \_\_\_\_\_ Do you snack? \_\_\_\_\_

Are you on a specific diet? Please Describe: \_\_\_\_\_

Do you take vitamins or supplements? Please Describe: \_\_\_\_\_

Which of the following best describes your experience with tobacco?

- I have never smoked                       I currently smoke \_\_\_\_\_ packs/day  
 I stopped smoking \_\_\_\_\_ days/months/years ago

Date of last Medical Physical Exam: (year) \_\_\_\_\_

**How often have you had the following?** (write the number which applies)

5 = Very Often      4 = Often      2 = Infrequently      2 = Rarely      1 = Never

- |                              |                            |                           |
|------------------------------|----------------------------|---------------------------|
| ____ Chest Pain              | ____ Swollen Joints        | ____ Arm or Shoulder Pain |
| ____ Low Back Pain           | ____ Feel Faint            | ____ Dizziness            |
| ____ Leg Pain                | ____ Loss of Breath        | ____ Heart Palpitation    |
| ____ Muscle or Tendon Injury | ____ Nausea or Acid Reflux | ____ Numbness or Cramps   |

**Please check if you have had/experienced any of the following:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High Blood Pressure         | <input type="checkbox"/> Back Injuries  | <input type="checkbox"/> Disease of Arteries |
| <input type="checkbox"/> Multiple Sclerosis          | <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Heart Trouble               | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Osteoporosis/Osteoarthritis | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Lung Disease        |

Do you carry a ventilator with you? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Do you carry any medication with you (i.e. nitro, epi-pen) ? \_\_\_\_\_

Have you had surgery in the past year? \_\_\_\_\_ (Check those that apply)

- Back       Ears       Eyes       Heart       Hernia  
 Joint       Kidney       Neck      Other \_\_\_\_\_

Have you ever noticed or been told that you have an irregular heartbeat? \_\_\_\_\_

Do you have any allergies?

Please Describe:

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Are you currently taking any prescription medications?

Please Describe:

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Have you had physiotherapy, chiropractic or re-habilitation for an injury or chronic condition?

Please Describe:

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Please advise of any health issues not already mentioned that should be considered prior to starting a weight training/fitness program or reason that you should not be physically active:

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Is there anything else you think your Personal Trainer should know?

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

## Timms Community Centre Weight Room Policies

- ✓ The weight room is open to those aged 16 years and older. Youth aged 13-15 years may use the weight room upon completion of a Weightroom Orientation, Teen Training Program, during Supervised times or with a supervising adult.
- ✓ Proper attire, including shirts and closed toe athletic shoes is required for health and safety reasons. Jeans, cords, belts/buckles are not permitted.
- ✓ Hair longer than shoulder length must be tied back.
- ✓ Gear bags or outerwear must be stored in lockers or designated areas. Locks are available at the front desk. The City of Langley is not responsible for lost or stolen items.
- ✓ Please turn off your cell phone while in the weight room or bathrooms. Important calls can be completed in the lobby.
- ✓ Food is not permitted in the weight room. Water or sport drinks must be in a plastic or non-breakable re-sealable container.
- ✓ We encourage all weight room patrons to bring their own towel.
- ✓ Please be considerate of other patrons and limit time on the cardio equipment to 30 minutes when others are waiting. To indicate you would like to be the next to use specific cardio equipment, retrieve the corresponding pink card. Return the card to the sign out location when starting your turn.
- ✓ Collars must be used on all free weight bars.
- ✓ Please use the antiseptic towels provided to wipe down equipment after each use.
- ✓ The facility is a "use at own risk" facility. Supervisors are available at posted times to assist you with the equipment.
- ✓ Return free weights, plates and bars after use.
- ✓ Please refrain from wearing heavy perfumes/fragrances.

# PAR Q & YOU

## Physical Activity Readiness Questionnaire: A Self-Administered Questionnaire for Adults

*PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.*

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the  YES or NO opposite the question if it applies to you.

**YES**   **NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you frequently have pains in your heart and chest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often feel faint or have spells of severe dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a doctor ever said your blood pressure was too high?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over age 65 and not accustomed to vigorous exercise?  |

If you answered YES to one or more questions



If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical



After medical evaluation, seek advice from your physician as to your suitability for:

- ◆ Unrestricted physical activity, probably on a gradual increasing basis.
- ◆ Restricted or supervised activity to meet

NO to all questions

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- ◆ A GRADUATED EXERCISE PROGRAM. A graduated increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- ◆ AN EXERCISE TEST . Simple tests of fitness (such as the Canadian Home Fitness Test) or more complex types may be undertaken if you so desire.

**Delay activity if:**



- you have a temporary minor illness, such as a common cold, wait until you feel better; or
- you are or may be pregnant – talk to your doctor before you start becoming more active.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
(for participants under the age of majority)

Developed by the British Columbia Ministry of Health. Conceptualized and critiqued by the Multidisciplinary Advisory Board on Exercise (MABE). Translation, reproduction and use in its entirety is encouraged. Modifications by written permission only. Not to be used for commercial advertising in order to solicit business from the public. Reference: PAR-Q Validation Report, British Columbia Ministry of Health, May, 1978. Produced by the British Columbia Ministry of Health and the Department of National Health & Wellness.



## Agreement and Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs at Timms Community Centre and to use its facilities, equipment, and machinery in addition to payment of any fee or charge, I do hereby waive, release and forever discharge the City of Langley and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the City of Langley or the use of any equipment at Timms Community Centre.

**Please initial** \_\_\_\_\_

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **Please initial** \_\_\_\_\_

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs at Timms Community Centre or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

**Please initial** \_\_\_\_\_

I understand and am aware that if I am using the free weights, a **SPOTTER IS MANDATORY**.

**Please initial** \_\_\_\_\_

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

**Signature** \_\_\_\_\_