



Need Analysis

Name: _____ DOB: _____ Phone: _____

Occupation: _____ Email: _____

Goals/Why:

1. _____

Why: _____

2. _____

Why: _____

3. _____

Why: _____

Background:

1. Do you have any experience training (if so what type of thing have you done before)?

2. How many days per week do you currently workout?

3. What do you like to do for fun?



4. What activities are your least favorite?

5. How you had any past injuries or currently have any injuries?

6. Do you currently consume any medications or supplements?

7. What type of food/drinks do you like to consume?

Female Only:

When did you start (age) your period? _____

How long (days) is your menstrual cycle? _____

How long is your menses (bleeding in days)? _____

What is your best day during menstrual cycle? _____

What is your worst day during menstrual cycle? _____

What is your best week during menstrual cycle? _____

What is your worst week during menstrual cycle? _____

What are you symptoms/craving during cycle? _____

How long have you not had your period? _____



Physical Activity Readiness Questionnaire (PAR-Q)

NAME: _____ DATE: _____

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" box opposite the question if it applies to you.

| | YES | NO |
|---|--------------------------|--------------------------|
| 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 is 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 the age of 65 and not accustomed to vigorous exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

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 activity and/or taking a fitness appraisal. Tell your physician what questions you answered yes to on PAR-Q, or present your PAR-Q copy.

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

- unrestricted physical activity starting off easily and progressing gradually
- restricted or supervised activity to meet your specific needs, at least on an initial basis (Check in your community for special programs or services.)

IF YOU ANSWERED NO TO ALL QUESTIONS

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

- a graduated exercise program (A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.)
- a fitness appraisal

Postpone exercise if you have a temporary minor illness, such as a common cold.



Informed Consent Form for Physical Fitness Program

Client Contact Information:

Name: _____ Phone(mobile): _____

Address: _____

Email: _____ Birthdate: _____

In case of emergency, contact: _____ Phone: _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, elliptical machine exercises, group aerobic activity, and other aerobic activities), calisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that the personal trainer (seller) shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the personal training program. Client (buyer) using the exercising equipment during the personal training program does so at his/her own risk. Client (buyer) assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge the personal trainer (seller), its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the class can be used for publication, promotion, articles, social media, shows and advertisement without additional consent and without compensation at this time or any other time.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

I have read the foregoing information and understand it. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.) Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Buyer (Client) _____ Date _____

Signature of Witness _____ Date _____

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Photo and Video Release Form

Permission to Use Photograph and/or Video

I grant CareFit Personal Training Studio LLC, its representatives and employees, the unlimited and unrestricted license and right to take and publish photographs and/ or video of me and/or my child in connection with my/our use of CareFit Personal Training Studio LLC Facilities and during related activities. I further authorize CareFit Personal Training Studio LLC, its assigns and transferees, to copyright, use and publish the same in print and/or electronically CareFit Personal Training Studio LLC sponsored materials. NO license or royalty payments are required to the undersigned.

I further agree that CareFit Personal Training Studio LLC may use such photograph and/or video of me and/or my child, with or without my name being included, for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content consistent with the license granted above.

I have read and understand the above:

Print Name: _____

Your Signature / Guardian Signature: _____

Print Child's Name (If Applicable): _____

Address: _____

Date: _____ Organization/Title (If Applicable): _____