



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 me develop a program that addresses your needs, goals and interests and is safe and effective.

Name: _____ **Date of Birth** ____/____/____ **Age:** _____
M D Y

Address: _____
Street City Postal Code

Phone: _____
Home Cell

Email address: _____

Occupation: _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____

Physician's Name: _____ **Physician's Phone:** _____

Physician's Address: _____
Street City Postal Code

P A R - Q

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
2. Do you frequently have pains in your chest when you perform physical activity?	_____	_____
3. Have you had chest pain when you were not doing physical activity?	_____	_____
4. Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
5. 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.)?	_____	_____
6. Are you pregnant now or have given birth within the last 6 months?	_____	_____
7. Have you had a recent surgery?	_____	_____
8. If you have marked YES to any of the above, please elaborate below:		

9. Do you take any medications, either prescription or non-prescription, on a regular basis?	_____	_____
If YES, what is the medication for? _____		
How does this medication affect your ability to exercise or achieve your fitness goals?		

L I F E S T Y L E

- Do you smoke? **YES** **NO** If yes, how much? _____
- Do you drink alcohol? **YES** **NO** how many glasses per week? _____
- How many hours do you regularly sleep at night? _____
- Describe your job: ☐ Sedentary ☐ Active ☐ Physically Demanding
- Does your job require travel? **YES** **NO**
- On a scale of 1-10, how would you rate your stress level (1=very low, 10=very high)? _____
- List your three biggest sources of stress. _____
- Is anyone in your family overweight? ☐ Mother ☐ Father ☐ Sibling ☐ Grandparent
- Were you overweight as a child? **YES** **NO** If yes, at what age(s)? _____

FITNESS HISTORY

1. Height: _____
2. Current Weight: _____
3. Stage Weight: _____
4. Have you competed before and if so when was your last competition and what category?

5. What date is your competition, what category and organization? _____

6. What is your Blood Type? _____
7. What are your major goals? _____
8. What body parts do you feel are your strengths? _____
9. What body parts do you feel are your weaknesses? _____

NUTRITION

1. On a scale of 1-10, how would you rate your Nutrition (1=very poor, 10=excellent)? _____
2. How many times a day do you usually eat (including snacks)? _____
3. Do you skip meals? **YES NO**
4. Do you eat breakfast? **YES NO**
5. Do you eat late at night? ☐ Sometimes ☐ Often ☐ Never
6. What activities do you engage in while eating? (TV, reading, etc.) _____
7. How many glasses of water do you consume daily? _____
8. Do you feel drops in your energy levels throughout the day? **YES NO** If yes, when? _____
9. Do you know how many calories you eat per day? **YES NO** If yes, how many? _____
10. Are you currently or have you ever taken a multivitamin or any other food supplements? **YES NO**
If yes, please list the supplements AND the brands: _____
11. At work do you usually: ☐ Eat out ☐ Bring food
12. How many times per week do you eat out? _____
13. Do you do your own grocery shopping? **YES NO**
14. Do you do your own cooking? **YES NO**

15. Besides hunger, what other reason(s) do you eat?

☐ Boredom ☐ Social ☐ Stressed ☐ Tired ☐ Depressed ☐ Happy ☐ Nervous

16. Do you eat past the point of fullness? ☐ Often ☐ Sometimes ☐ Never

17. Do you eat foods high in fat and sugar? ☐ Often ☐ Sometimes ☐ Never

18. List three areas of your Nutrition you would like to improve: _____

19. Do you have any food allergies, if so which ones? _____

20. Are there any foods you will not eat? _____

21. Detail your most typical daily diet including portion sizes, approximate times of day, when you wake, train and sleep:

Wake-up	
Meal 1	
Meal 2	
Meal 3	
Meal 4	
Meal 5	
Meal 6	
Cardio	
Train (include time you typically train)	
Sleep	

22. How does this vary from the diet you followed for your last competition? Please outline the approach you followed for your last show:

23. Are there any types of diets that have worked really well for you in the past? _____

EXERCISE

1. Is there any type of weight training style that has worked really well for you in the past? _____

2. What style of training do you typically do (straight sets/powerlifting/circuit/CrossFit. etc.)? _____

3. Are there any exercises you can't perform? If so why? _____

4. Where do you work out and what kind of equipment do you have access to? _____

5. Describe the amount and type of cardio you're currently doing: _____

6. Are you willing to split up your cardio and weight workouts into AM/PM? _____
7. Are you familiar with High Intensity Interval Training? (H.I.I.T) _____

DEVELOPING YOUR FITNESS PROGRAM

1. Is there any type of weight training style that has worked really well for you in the past? _____
2. Realistically, how often a week can you exercise? _____x/week
3. Realistically, how much time would you like to spend during each exercise session? _____
4. What are the best days during the week for you to commit to your exercise program? _____
5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

GOAL SETTING

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

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

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

3. How committed are you to achieving your fitness goals? ☐ Very ☐ Semi ☐ Not very

4. What do you think the most important thing I can do to help you achieve your fitness goals?

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

6. Outline three methods that you plan to use to overcome these obstacles:

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training program offered by Team Train It Right. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that Team Train It Right shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Team Train It Right and its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

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 ongoing, 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 light-headed, 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)

6) I understand that Team Train It Right bills its Personal Training clients based on a pre-paid basis. I have read and understand my options as outlined in the "Contest Prep Rates" document. All Contest Prep and Transformation clients must pay 50% of total cost up front when starting the program. The remaining must be paid off monthly and paid in full prior to two weeks before the show. If the total cost is \$500 or less, payment must be made in full at start of prep. If cost is \$501 or more, payments can be split up through the prep. Payments can be made via PayPal or email money transfer. Monthly payment withdrawals can be arranged. Please ask for this option when signing up

I have read and understand this term: _____(initial)

7) I understand that Team Train It Right operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 24 hours' notice when cancelling an appointment. No charge will be levied should I cancel with MORE than 24 hours' notice given. Should I cancel a session with 24 hours prior notice, I will be charged \$30 for the session. I understand that Team Train It Right recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: _____(initial)

8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment, aid in stretching and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term: _____(initial)

9) I will uphold my commitment to the team by attending a minimum of 3 events each year, and at least 1 team photoshoot (3 options available), wearing team gear. I agree to promote the team on social media at a minimum of twice per month.

I have read and understand this term: _____(initial)

10) I understand that Team Team Train It Right photographs and videos many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes. Any photos or videos collected with the consent of the client during the course of the prep may be used on any of the team social media pages and/or website for promotional purposes for a period of 5 years after the date of the photo.

I have read and understand this term: _____(initial)

11) I understand that programs, advice and dietary plans provided to me are property of Team Team Train It Right and I understand that they cannot be shared, reproduced, emailed or used in any way, including social media, without the written consent of a representative of Team Team Train It Right.

I have read and understand this term: _____(initial)

12) I will support and respect teammates, coaches and officials in person and on social media.

I have read and understand this term: _____(initial)

13) If I fail to uphold the Code of Conduct, coaches may use their discretion to terminate a client at any time.

I have read and understand this term: _____(initial).

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.

X _____
CLIENT

ALICIA BELL

DATE

DATE