



Personal Training Packet

Client Medical History

Name_____ Date of Birth_____ Age_____ Date_____

Home Phone_____ Cell Phone_____ Work Phone_____

Do you require any special needs?

If yes, please explain_____

Are you currently taking any medications? Yes_____ No_____

If yes, please list medications_____

Have you ever had surgery? Yes_____ No_____

If yes, please list surgeries_____

Do you smoke? Yes_____ No_____

If no, have you smoked in the past? Yes_____ No_____

Do you consume alcohol? Yes_____ No_____

If yes, how much/how often per week?_____

Do you have allergies? Yes_____ No_____

If yes, please list all allergies_____

Are you or have you been pregnant in the last three months? Yes_____ No_____

12015 Mill Street, Huntley, IL 60142

www.huntleyparks.org



Client Medical History Continued

Have you had/or do you currently suffer from: (circle all that Apply):

Heart Attack

Shortness of Breath

Chest Discomfort

Elevated Cholesterol

Irregular Heart Beat

Arthritis

Unusual Heart Findings

Muscle or Joint Problems

Obesity

High Blood Pressure

Diabetes

Ankle Swelling

Stroke

Epilepsy

Chronic Back Problems

Light Headedness or Fainting

Circulatory Problems

Hypoglycemia

Cancer

Asthema

Rheumatic Fever

Orthopedic Problems

Pulmonary Disease

Recent Weight Gain or Loss

Other: _____

Do you feel that you are in good health? Yes_____ No_____



Family History

Have any of your blood relatives been linked to heart disease, diabetes, high blood pressure, stroke, or any other illness/disease? Yes _____ No _____

If yes, please list the disease and the person's relationship to you:

1. _____
2. _____
3. _____
4. _____
5. _____

Emergency Contact

Please provide us with a contact in case of an emergency.

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Signature

The above facts are true to the best of my knowledge and do not misrepresent my health in any way.

Name

Signature

Date

(Print)

(Sign)

Personal Training Waiver

Personal Training & Nutrition Consultation Policies

- All cancellations must be made 24 hours in advance of your appointment time.
- No-shows and/or cancellations made less than 24 hours will be charged full price. Exceptions will be made in cases of emergency, determined by the Fitness Supervisor.
- All packages must be used within 90 days of purchase date.
- Packages are nontransferable and nonrefundable.
- Payment for Personal Training & Nutrition Consultation single sessions and/or packages is due before your first appointment. Payment can be made with cash, visa/master card or check at our Registration Desk. Receipt of payment must be shown to staff person conducting your training.
- There are no refunds for Personal Training or Nutrition Consultation sessions.

Waiver and Release of all Claims

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Huntley Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Huntley Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of participating in the program.

I further agree to indemnify and hold harmless and defend the Huntley Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death. Damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program.

I have read and fully understand the above program details and Waiver and Release of All Claims.

Name _____
(Please Print)

Signature _____
(If under 18 yrs., Guardian's signature)

Date _____



Billing Agreement

Huntley Park District bills its Personal Fitness Training clients on a pre-pay basis. Bills are issued directly to the client and are due upon sign-up.

I _____ work on a scheduled appointment basis. In order for me to effectively use my time I ask that clients give me a **24 hour notice** when canceling an appointment. This means any training cancellation must be made **24 hours prior to the start of the scheduled training session**.

Any personal training session that is cancelled within the 24 hour time frame will be billed at the normal rate of a single session, and will **NOT** be made up. All cancelled appointments made outside of the 24 hour time frame must be made up before the expiration of the Personal Training session package that was purchased. **(90-day period)**

I _____ understand that I need to complete my _____ sessions within the time period listed below.

1. **6 sessions** need to be completed in a **90-day** period.
2. **12 sessions** need to be completed in a **90-day** period.
3. **18 sessions** need to be completed in a **90-day** period.

I _____ have read the above and understand and accept these policies as they relate to personal training procedures with my Huntley Park District trainer.

Acknowledged and Agreed,

(Trainee)

(Date)

(Trainer)

(Date)



Trainer Evaluation Survey

In order for us to better our Personal Training services here at the Huntley Park District, we ask you to please take a few minutes to complete and return this survey to our Fitness Center Desk.

Please circle the number below that best represents your satisfaction level.

Personal Trainer's Name _____

5=Very Satisfied 4=Satisfied 3=Neutral 2=Dissatisfied 1=Very Dissatisfied

1. The personal trainer that worked with you was friendly and professional.
5 4 3 2 1
2. The scheduling process went smoothly and you received convenient training times.
5 4 3 2 1
3. The personal trainer asked me about my fitness goals and tailored my program to fit my needs.
5 4 3 2 1
4. The personal trainer provided me with appropriate education on general fitness throughout my program.
5 4 3 2 1
5. The personal trainer listened to my concerns and adapted the program when necessary.
5 4 3 2 1
6. I noticed an improvement in my general fitness, muscle development, flexibility/balance, core strength and/or cardiovascular endurance.
5 4 3 2 1
7. My personal trainer recommended stretches, exercises, ice/heat, increased water intake, etc. to help improve my current fitness state.
5 4 3 2 1
8. I am confident in my personal trainer's knowledge and capability to design a safe and effective training program.
5 4 3 2 1
9. I achieved my desired goals.
5 4 3 2 1
10. The facility and equipment was clean and well maintained.
5 4 3 2 1

Please provide any additional comments:

I will recommend Huntley Park District to my friends and family for their fitness, training and performance needs. Yes No

How would you rate your overall training experience? 5 4 3 2 1