



Health History Form

The following information will assist us in creating a personalized program that will meet your fitness needs. Please answer all sections to the best of your ability.

• **Name** _____

Birth Date _____

• **Phone #** _____

• **Gender** Male Female

• **Email** _____

• **Emergency Contact's Name** _____

• **Emergency Contact's Phone #** _____

• **Relation to you** _____

1. Do you have any chronic conditions? To ensure your safety when designing your program, please check if any of the following conditions apply to you and provide any extra information that may be relevant.

- Asthma Fibromyalgia Thyroid Conditions
- Chronic Fatigue Stroke Osteoporosis
- Epilepsy Stress Seizures
- High Blood Pressure Heart Conditions High Cholesterol
- Hernia(s) Lung Conditions Arthritis
- Kidney Conditions Diabetes Other

Further information:

2. Please list and explain any prescription medications you are currently taking? _____

3. Please list and explain any over the counter medications or supplements you are currently taking:

4. Have you had any joint or muscle injuries and/or concerns? Please check all that apply to you and provide any further relevant information.

- Neck Elbow Arms
- Shoulder Wrist Legs
- Upper Back Hips Chest
- Mid-Back Knees Foot
- Lower Back Ankles

Further information:

5. Briefly outline any surgeries (e.g. Type, date, special considerations, etc).

6. Do you smoke: yes no

If yes, how much: _____

7. Have you been active within the last 6 months? yes no

If no, how long have you been inactive for? _____

If yes please list your current activities you perform, as well as frequency, intensity and duration _____

8. Please name physical activities that you have enjoyed in the past?

9. Please outline 3 fitness goals in order of priority that you would like to achieve within the next 6 months.

1. _____

2. _____

3. _____

10. What are your available training times?

Day(s): _____

Time(s): _____

JCC Fitness Center PAR-Q



Physical Activity Readiness Questionnaire

Name Age:	Date
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Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever diagnosed a heart condition and advised that you should only perform exercises or activities as recommended by their specific program?
Yes	No	2) When you participate in exercise or physical activity, do you feel pain in your chest?
Yes	No	3) Within the last 30 days of NO physical activity or exercising, has any chest pain been present?
Yes	No	4) Do you ever lose consciousness or lose your balance due to dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older? If so, has a doctor consulted and authorized you to participate in physical activity or an exercise program.
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

- If you answered **YES** to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.
- If you honestly answered **NO** to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**.
- If your health changes and you then answer yes to any of the above questions, seek guidance from a physician.

Note: If the PAR-Q is being given to a person before they participate in a physical activity or a fitness appraisal, this section may be used for legal or administrative purposes.

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

Print Name: _____

Witness (Fitness Attendant) _____

Signature: _____

Parent Signature _____

Release, Waiver and Assumption of Risk

THIS IS A LEGAL WAIVER. PLEASE READ CAREFULLY.

I _____ have volunteered to participate in a fitness program provided to me by my Personal Trainer, _____, herein referred to as the “Trainer”) at The Jewish Community Centre of Austin (herein referred to as the JCC) and to use its facilities, equipment and machinery, therefore, I agree to the following waiver and release.

I for myself, my heirs, executors or anyone else who may claim on my behalf hereby waive, release and forever discharge the JCC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from personal injury, death, damage to property or loss of any kind resulting from my participation in any activities or my use of equipment or machinery under the care of my trainer.

I do also hereby release the JCC and its officers, agents, employees, representatives, executors and all others from any responsibilities or liability for any injury or damage to myself, including those caused by negligence.

I understand that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities with certain risks and benefits, some of which include but are in no way limited to: soft tissue injuries such as wounds, sprains, acute strains, broken bones or head injuries; back, neck, knee and foot injuries; heart attacks; improved cardiovascular fitness and flexibility; and increased strength and muscle tone.

I also understand that while some of the risks and hazards involved in using the equipment and facilities of the JCC are foreseeable, others are not.

I acknowledge that I have either had a physical examination and been given my physician’s permission to participate, or that I have decided to participate in activity and use 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.

I have read, understand, and have had the opportunity to ask questions regarding this legal document.

Participant’s Name (print): _____

Signature: _____ Date: _____

Personal Training Information

Please read carefully and initial each of the following points:

___ Dress appropriately for the activity you will engage in. Please wear appropriate foot wear (no open-toed shoes). Clothing should be comfortable. Bring a water bottle and towel.

___ Proper nutrition is the foundation of a healthy body. Working out on an empty stomach may cause dizziness and premature fatigue. A light snack 1.5 hours prior to exercise or a fruit / vegetable 20 minutes prior to your workout is recommended.

___ Answer the questions on the ParQ form to the best of your knowledge. Medical clearance is required if you have any medical problems and have answered yes to any of the questions on this form.

___ If you feel light headed, faint, dizzy, nauseated or experience pain or discomfort stop the activity and inform your personal trainer.

___ The results of any fitness program cannot be guaranteed. Your progress depends on your effort and cooperation in and outside of the sessions.

___ It is your responsibility to inform your personal trainer of any conditions or changes in your health which might affect your ability to exercise safely with minimal risk of injury.

___ Many sessions are booked back to back. It is very important to be on time for your session. If you arrive late for a session, it will still end at the scheduled time. If the trainer arrives late, you will receive a full hour. If you are more than 15 minutes late for your appointment – you **MUST** inform your Trainer. Failure to do so may result in a loss of your session; this session will be charged as a “no show”. Your Trainer is not expected to wait without confirmation that you will arrive.

___ It is important for us to respect our instructors' work schedules. Therefore, we ask that you provide a **minimum of 24 hours notice** if you are unable to attend an appointment. Less than 24 hours notice will result in a charge for the missed session.

___ Youth under the age of 13 are not allowed in the weight room except while working out with a Personal Trainer.

We are committed to help you reach your health and fitness goals. By adhering to all of the above we can help make it happen.

I understand the policies set out above.

Participant: _____

Date: _____



PERSONAL TRAINING CANCELLATION POLICY

Congratulations! We are thrilled that you have chosen to take advantage of our personal training offerings here at the JCC; however, we understand that there may be a time when you cannot make your session. Here is our policy regarding cancellations.

The personal trainers at the JCC operate on a scheduled appointment basis and thus require that members provide a minimum of 24-hours notice when cancelling an appointment. Should a member cancel a session with less than 24-hours prior notice, the member will be charged in full for that session.

For package buddy sessions (2+ people), if one or more person/s does not show up, one of the following courses of action should take place:

- the buddy that shows up gets to train, but the other buddy/buddies lose the session.
Please make sure that the absent person/s consent to this, as no “make-up” sessions will be offered by the trainer and no refunds will be given.
- the buddy that shows up buys a single session so that the other buddy/buddies do not lose their session.
- the buddies cancel and reschedule, but will be charged for the session if notice is not given within 24-hours of the scheduled session.

Members are entitled to one free “no show” session, meaning they can late cancel one time only and not be penalized. The JCC recommends that all cancelled sessions be rescheduled to ensure fitness progress and consistency within the trainer’s schedule. All personal training session cancellations need to be done by contacting the trainer directly; the JCC is not responsible for communicating cancellation requests to the trainers.

I have read the above and understand the Personal Training Cancellation Policy: _____ (initial)

Name: _____ Date: ____/____/20____

Thank you! We appreciate being your partner in fitness and wellness.