



*Personal Training Services*

# *Client Registration*

-Confidential-

## Commerce City Recreation Personal Training Services Summary and Costs

	Resident	Non-Resident
<b>One on One Hour Sessions</b>		
<b>1 Session (Returning Clients Only)</b>	<b>\$35</b>	<b>\$40</b>
<b>3 Sessions</b>	<b>\$99</b>	<b>\$114</b>
<b>6 Sessions</b>	<b>\$186</b>	<b>\$201</b>
<b>10 Sessions</b>	<b>\$290</b>	<b>\$305</b>
<b>Semi Private Sessions (2 people)</b>	<b>Each person pays</b>	<b>Each person pays</b>
<b>3 sessions</b>	<b>\$81</b>	<b>\$96</b>
<b>6 sessions</b>	<b>\$150</b>	<b>\$165</b>
<b>10 sessions</b>	<b>\$230</b>	<b>\$245</b>
<b>Fitness Assessments</b>	<b>\$25</b>	<b>\$30</b>
<b>Fitness Consult</b>	<b>Free</b>	<b>Free</b>
<b>Body Composition</b>	<b>Free</b>	<b>Free</b>
<b>Weight Room Orientation</b>	<b>Free</b>	<b>Free</b>

*\*All sessions/services must be used within 6 months of purchase. Refunds are not provided due to session expiration.*

### Personal Training Information

*Please Read Carefully*

#### Personal Training Services Policies

In order to help make your experience a positive one, we ask that you observe the following policies:

1. Payment and Client Registration Packet must be completed prior to being assigned a trainer.
2. Personal Trainers cannot take session payments. Please pay for sessions at the Recreation Center Entry or Registration Desk. Purchases can also be made over the phone by calling (303) 289-3789. You should receive two receipts at time of purchase, one is yours to keep the other will be given to your trainer.
3. All sessions must be used within 6 months of purchase.
4. Call the Commerce City Recreation Center at (303) 289-3760 if you know you will be late (Personal Trainers will wait 15 minutes and then that scheduled session will be forfeited). **If you are late, the session will only last until the end of the hour for which that session was scheduled.**
5. **If needed, sessions must be rescheduled 24 hours in advance or session will be forfeited (call your Trainer or the Recreation Center front desk to leave a message for your Trainer).**
6. Be ready to work hard during each session; wear athletic type shoes and clothing; bring a towel and water bottle.

#### Fitness Assessment Pretest Guidelines

To assure the best possible accuracy of the fitness assessment, please follow the guidelines listed below.

1. No eating or drinking 4 hours prior to testing (if able)
2. Please wear appropriate clothing for physical activity (shorts recommended)
3. No exercise 12 hours prior to testing
4. No alcohol consumption 48 hours prior to testing
5. No diuretic medications 7 days prior to testing (if able)

## Personal Information

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Current Information

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### How did you learn about the Commerce City Personal Training Services?

\_\_\_\_ Recreation Brochure      \_\_\_\_ Recreation Flier      \_\_\_\_ Friend  
\_\_\_\_ Recreation Website      \_\_\_\_ Other (please explain) \_\_\_\_\_

### Training Preferences and Availability

My preferred trainer is: \_\_\_\_\_

Please indicate the days and times you are available and prefer to train. (Please be specific, the more flexible your time the easier to match a Trainer.)

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_ Sunday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_

### Please indicate your current levels of satisfaction:

	Very Dissatisfied		Dissatisfied				Satisfied			Very Satisfied	
	1	2	3	4	5	6	7	8	9	10	
Weight	1	2	3	4	5	6	7	8	9	10	
Body Composition	1	2	3	4	5	6	7	8	9	10	
Physical Activity Level	1	2	3	4	5	6	7	8	9	10	
Use of Tobacco Products	1	2	3	4	5	6	7	8	9	10	
Blood Pressure & Cholesterol	1	2	3	4	5	6	7	8	9	10	
Muscular Strength & Endurance	1	2	3	4	5	6	7	8	9	10	
Cardiovascular Endurance	1	2	3	4	5	6	7	8	9	10	
Stress Levels	1	2	3	4	5	6	7	8	9	10	
Nutrition & Eating Habits	1	2	3	4	5	6	7	8	9	10	
General Health & Lifestyle	1	2	3	4	5	6	7	8	9	10	

What goals would you like to achieve from participating in Personal Training services? \_\_\_\_\_

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Please list any medical concerns/conditions that might limit your ability to participate in Personal Training services (pregnancy, disability, etc.):

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Please list any known allergies (environmental, medications, food, etc.):

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Please list current medications including over-the-counter medications, prescriptions, etc. that may affect your body's response to exercise.

Medication	Dosage	For What?

### Personal Habits:

1. Do you take a vitamin or dietary supplement on a regular basis? yes no What? \_\_\_\_\_
2. Are you currently on a special diet or dietary restrictions? yes no
3. Do you consider yourself overweight/underweight? yes no If yes, (please circle) under over
4. Do you currently use tobacco products? yes no If yes, what products? \_\_\_\_\_

### Exercise History and Attitude:

1. Have you been involved in a routine of regular aerobic exercise (moderate, continuous activity for at least 15-20 minutes duration, at least 3 days per week)? yes no  
 If yes, for how long and what activities? \_\_\_\_\_  
 If no, when was the last time you can recall being active for at least 20 minutes? What activity were you doing?  
 \_\_\_\_\_
2. Are you currently involved in a weight training and conditioning program? yes no  
 Min/Day \_\_\_\_\_ Days/Week \_\_\_\_\_  
 If yes, please explain/summarize your current program (exercises, free weights, goals, etc...)  
 \_\_\_\_\_
3. Check the activities you would consider doing and circle the activities you consider "fun."  
 Walking       Rowing       Group Fit Classes       Strength Training       Athletic Drills  
 Swimming       Jogging       Cycling       Cardio Machines  
 Other activities you are interested in? \_\_\_\_\_
4. How much time are you planning to devote to a fitness regimen?  
**On your own time:** \_\_\_\_\_ days/week      \_\_\_\_\_ minutes/day  
**Meeting with a Trainer:** \_\_\_\_\_ days/week (NA for QuickStarts and Fitness Assessments)

### Client Confidentiality

Information will not be released without the individual's permission, except in emergency situations. All information regarding your fitness assessment, program and progress will be kept confidential and remain in Commerce City Recreation files for 4 years following the cessation of your participation in the program.

Regular evaluation of your Trainer's performance and your progress will be completed using written and verbal communication with your Trainer and our fitness staff. If you have any feedback regarding your Trainer or the program, please contact the Coordinator of Fitness and Wellness, at (303) 289-3762.

## Informed Consent



I, \_\_\_\_\_, understand participation in recreation activities and services may have an element of hazard or inherent danger and users take full responsibility for their actions and physical condition. Users agree to indemnify and hold harmless the City of Commerce City and its employees and agents for any liability, loss, cost or expense (including attorney's fees, medical, ambulance cost) that users may incur while participating in any Parks and Recreation activities.

Before meeting with a City of Commerce City Personal Trainer, taking part in fitness testing, or engaging in a training program; I certify that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during fitness testing and/or exercise programs. I understand that I may have to provide a medical clearance from my doctor prior to participating in any Commerce City Personal Training or fitness services.

The City of Commerce City uses brochures, flyers, and newspaper ads to market programs and events. Commerce City reserves the right to use photographs, video recordings and/or images of anyone in any activity in present and/or future publications.

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

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

*(Required if participant is under the age of 18)*

## Terms & Conditions

I agree to adhere to all Commerce City Recreation Personal Training policies and procedures.

*Initial*

\_\_\_\_\_ Full payment is due upon registration and payment cannot be accepted by the Personal Trainer.

\_\_\_\_\_ I recognize that services are non-refundable, non-transferable, and one hour sessions expire within six months of purchase date.

\_\_\_\_\_ If I need to cancel an appointment, I must call the Recreation Center or my Personal Trainer at least 24 hours prior to my scheduled session/appointment, if I do not call 24 hours prior, that session will be forfeited.

\_\_\_\_\_ If I am late my Personal Trainer will wait no more than 15 minutes and then that scheduled session will be forfeited. If I am late, the session will only last until the end of the hour for which that session was scheduled.

\_\_\_\_\_ I am fully aware that if I consistently cancel/reschedule my workouts, my Personal Trainer has the right to release me as a client, and forfeit any remaining workouts.

\_\_\_\_\_ If my health status changes after completing the registration packet, I will inform my Personal Trainer immediately. I understand that I may need to obtain physician's clearance prior to continuing training sessions.

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

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

*(Required if participant is under the age of 18)*