



## Health & Fitness History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (Cell) \_\_\_\_\_

Age: \_\_\_\_\_ Occupations: \_\_\_\_\_ email \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you currently participate in a regular exercise program? If yes, please list activities, duration, frequency and intensity:

Activity	Duration	Frequency	Intensity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How active do you consider yourself?

Sedentary       Light       Moderate       High

Do you have a history of high blood pressure (above 140/90)?  yes       no

Please list any skeletal/bone problems that you have been or are currently being treated for (at any time)?

\_\_\_\_\_  
\_\_\_\_\_

Please list any current medications:

\_\_\_\_\_  
\_\_\_\_\_

Date of your last physical: \_\_\_\_\_ Outcome: \_\_\_\_\_

Have you had any surgeries?  yes       no If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you use any over the counter medication or dietary supplements?

\_\_\_\_\_

Please check any medical conditions or diseases that apply to you or any member of your family:

- heart attack, coronary bypass or other cardiac surgery
- unusual shortness of breath
- diabetes
- light headedness or fainting
- stroke
- epilepsy or seizure
- peripheral vascular disease
- low blood pressure
- high blood pressure
- heart murmur
- extra, skipped or rapid heart beats or palpitations
- hernia
- migraine or recurring headaches
- back problems
- neck problems
- high cholesterol
- arthritis
- anemia
- asthma
- emphysema
- bronchitis
- chest discomfort
- pneumonia
- ulcers
- emotional disorders
- fatigue/lack of energy
- shoulder problems
- anxiety or depression
- foot problems

Please explain further if you have marked any of the above conditions:

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Please check specific goals:

- Improved strength
- Improved diet/eating habits
- Increased energy
- Improved flexibility
- Lose Weight
- Injury Prevention
- Gain weight/muscle
- Rehabilitate injury
- Reduce Stress
- Improve muscle tone/shape
- Improve cardiovascular fitness
- Other \_\_\_\_\_

Is there any other information you would like us to know concerning your health?

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I, \_\_\_\_\_, hereby state that the above information is true and accurate to the best of my knowledge. Further, I understand that withholding medical information may result in personal injury.

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

Trainer: \_\_\_\_\_ Date: \_\_\_\_\_



## Assumption of Risk & Informed Consent Agreement

### READ CAREFULLY BEFORE SIGNING

I desire to engage voluntarily in exercise and/or personal training programs provided by Great Lakes Athletic Club (GLAC) and its contractors, in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradual increasing workload on the cardiorespiratory system and thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercises. In signing this document, I acknowledge being informed of the strenuous nature of the exercise testing and program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, stroke, or death.

I understand that the purpose of an exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise testing and program and should any unusual symptoms occur, I will cease my participation and inform my trainer of symptoms. In signing this consent form, I hereby certify that I have no known medical condition(s), medical or otherwise that would prohibit or in any way prevent my participation in this program. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise testing and/or program.

Also, in consideration for being allowed to participate in GLAC Personal Training and its contractor's exercise and/or personal training programs, I agree to assume the risk of such exercise, and further agree to hold harmless GLAC Personal Training and its contractors from any and all claims that may result from my injury or death accidental or otherwise, during or arising in any way from the exercise program.

I \_\_\_\_\_ have read and understand this consent form in its entirety.

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

Parent (if minor) \_\_\_\_\_ Date \_\_\_\_\_



## **Personal Training Department Policies**

1. All training must be paid for prior to your training session.
2. When checking in, please advise the front desk personnel you are here for training and specify which trainer.
3. Your appointment is scheduled for a specific time. Each session is designed for 55 minutes or 30 minutes. Please arrive on time since your session will run within the time slot reserved. (Example: If your time is for 3:00, and you are late, your session will still end at 3:55).
4. Any sessions you wish to cancel must be cancelled at least 24 hours in advance. If you do not show up for a session or less than a 24-hour notice is given, Great Lakes Athletic Club reserves the right to collect payment for that session. If your trainer gives less than 24 hours notice of cancellation, you are entitled to a session at no charge. \_\_\_\_\_
5. All trainers will respect your schedule, including giving you as much notice as possible if they need to change your time. If a trainer is not here for your appointment, please contact the Personal Training Director, and restitution will be made.
6. Any training sessions purchased are non-refundable.
7. Personal Training sessions are purchased from Great Lakes Athletic Club, not from individual trainers. All sessions are transferable between trainers.
8. All unused personal training sessions will expire one year from the date of purchase.
9. We have a highly educated and experienced staff and wish to provide the utmost in service to our clients. Please let us know how we are doing.

I \_\_\_\_\_ have read and will agree to all GLAC Personal Training Department Policies.

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