



New Client Intake Packet

For questions or additional information call the Fitness Assistance at 303-409-2265 or the Fitness Specialist at 303-409-2263.

Participant Information

Name (printed): _____ Date of Birth: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Contact Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information

Name (printed): _____ Relationship: _____

Phone (cell): _____ Phone (other): _____

Disclaimer

Participating in physical activity has known health benefits and is very safe for most people. Personal health and medical history are used to identify potential risks or limitations that might affect participation. For your safety, Medical Clearance may be required prior to training based on current symptoms, the Physical Activity Readiness Questionnaire, and as requested by Fitness Staff. If needed, your healthcare provider will give approval, recommendations, restrictions, or limitations as needed. Please answer all questions accurately to ensure the best programming for you.

Training Preferences and Availability

Please select the type of training you are requesting, and all the days and times you are available and prefer. The more flexible your availability is, the easier it will be to match you to a trainer.

Type of Training Requested

- ☐ Personal Training (general health, fitness, strength, and endurance)
- ☐ Sport Performance (athletic-based and sport specific strength and conditioning)
- ☐ Chronic Conditions (exercise protocols for early stage of Parkinson's disease, dementia, cancer at any stage, and other chronic conditions)
- ☐ Pilates Reformer
- ☐ Yoga

Days of the Week

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Time of the Day

- ☐ 6-10am ☐ 10am-2pm ☐ 2pm-6pm ☐ 6pm-8pm ☐ Flexible

Exercise History and Goals

Are you currently participating in planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week, for at least 3 months?

- ☐ Yes ☐ No

If yes, for how long and how often?

Select the activities that you are currently involved in.

☐ Walking

☐ Cycling

☐ Strength Training

☐ Jogging

☐ Cardio Machines

☐ Group Fitness Classes

☐ Swimming

☐ Athletic Drills

☐ Other

If you have selected "Other", please provide a description of your current activities:

Please list any activities that you are interested in:

Please describe your past and present activities and exercises, please note which ones were the most beneficial:

Select your top three goals for training services:

- | | |
|--|--|
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Increase energy | <input type="checkbox"/> Develop accountability |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Learn equipment and proper form |
| <input type="checkbox"/> Gain muscle | <input type="checkbox"/> Develop an individualized program |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Maintain bone health |
| <input type="checkbox"/> Improve balance | <input type="checkbox"/> Develop consistency |
| <input type="checkbox"/> Increase endurance | <input type="checkbox"/> Other |

If you have selected "Other", please provide a description of your desired goals:

Physical Activity Preparticipation Health Screening

General Health Questions

Please read the questions below carefully and answer each one honestly.

1. Has your doctor ever said that you have a heart condition OR high blood?

☐ Yes ☐ No

2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?

☐ Yes ☐ No

3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? **Note: Please answer NO if your dizziness is associated with over-breathing, including during vigorous exercise.**

☐ Yes ☐ No

Please list conditions related to loss of balance and/or consciousness:

4. Have you ever been diagnosed with another chronic medical condition other than heart disease or high blood pressure?

☐ Yes ☐ No

5. Are you currently taking any prescribed medication for a chronic medical condition?

☐ Yes ☐ No

Please list conditions and related medications:

6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? **Note: Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.**

☐ Yes ☐ No

Please list current conditions:

7. Has your doctor ever said that you should only do medically supervised physical activity?

☐ Yes ☐ No

Current Symptoms

Are you currently experiencing any of the symptoms below?

Chest pain or discomfort at rest or with exertion.	<input type="radio"/> Yes	<input type="radio"/> No
Unreasonable shortness of breath.	<input type="radio"/> Yes	<input type="radio"/> No
Burning or cramping sensations in your lower legs when walking.	<input type="radio"/> Yes	<input type="radio"/> No
Dizziness, fainting, blackouts.	<input type="radio"/> Yes	<input type="radio"/> No
Unexplained ankle or leg swelling.	<input type="radio"/> Yes	<input type="radio"/> No
Heart palpitations or irregular heart rate.	<input type="radio"/> Yes	<input type="radio"/> No

Current Medications

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

Current Allergies

If applicable, please list any known allergies:

Known Medical Concerns and Conditions

If not previously listed, please list any known injuries, trouble spots, recent surgeries, or other medical concerns and conditions that might limit your ability to participate in services (pregnancy, disability, replaced joints, chronic conditions such as heart or lung conditions, metabolic conditions or autoimmune disorders, etc.):

Client Signature

I, the undersigned, have read, understood to my satisfaction, and completed this questionnaire fully and honestly. Medical Clearance for Exercise is needed prior to participation if requested by fitness staff and as indicated by the answers provided. It is recommended I consult with my healthcare provider regarding any possible limitations or guidelines based on my personal health issues. I will alert fitness staff if there are any changes in my health conditions, including new medical diagnoses, injuries, or hospitalizations and will resubmit forms or obtain new medical clearance prior to continuing participation upon request. The intake packet will be kept confidential, used only by the designated fitness staff for proper exercise programming.

Participant Name (printed): _____ **Date:** _____

Parent/Legal Guardian name (if under 18, printed): _____

Participant (or Parent/Legal Guardian) Signature: _____

Release and Indemnification Form

We strongly recommend that all participants consult their physician prior to participation.

In consideration of the acceptance of my participation in the Foothills Park & Recreation District's Personal Training Program, I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release, and forever discharge Foothills Park & Recreation District ("District"), its agents, contractors, employees, representatives, successors, and assignees, from all liabilities, actions, claims, demand, damages, costs, and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the program, including but not limited to all injuries that may be suffered by me.

1. I understand that this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above-named parties. In further consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Foothills Park & Recreation District, its officers, directors, agents, and employees against all liabilities, claims, damages, and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this program.
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I agree to expressly assume and accept any and all risks of injury or death.
3. I do further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery. I do acknowledge that I have been informed of the desirability for a physician's approval for my participation in an exercise/fitness activity or

in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to my physical activity, exercise, and use of exercise and training equipment so I might have their recommendations concerning these fitness activities and equipment use. I affirm that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician; and I assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Participant Name (printed): _____ **Date:** _____

Parent/Legal Guardian name (if under 18, printed): _____

Participant (or Parent/Legal Guardian) Signature: _____

Training Service Terms and Conditions

I understand and agree to conform to the following:

- I will inform my trainer/instructor of any injuries, health or medication changes, or limitations and understand new paperwork and medical release may be needed prior to continued training.
- Full payment is due prior to services being received and cannot be accepted by Fitness Staff.
- Packages expire two years after the date of purchase, unless otherwise specified. Commit to be Fit programs expire after twelve weeks. I understand personal training, private reformer or other fitness packages are not eligible for refunds.
- I will give at least 24-hour notice if I need to cancel or the session will be forfeited and charged to my family account. Emergencies will be considered.
- I understand that if I am late the session will end on time based on the scheduled appointment time. If I am more than 15 minutes late, the session may be forfeited and charged to my account.
- I understand that sessions are any combination of consultation, assessment, instruction, and exercise.
- I give consent for physical contact that may be needed for safety including spotting of exercises and contact to check proper positioning, technique and body alignment.
- I will stop participating if I have any questions, concerns, symptoms (i.e., joint pain, dizziness, etc.) or if something doesn't feel safe.

Participation in any athletic sport program or physically related activity, fitness program, training services, exercises or testing may be dangerous and involves risk of injury, discomfort, loss or damage.

The purpose and explanation for all exercises, activities and fitness testing will be given and specific to individual needs. Benefits of training services include ensuring a balanced exercise plan, learning proper form and continual monitoring and adjustments as needed for a safe and effective fitness program.

The participant takes full responsibility for their actions and physical condition, certifies that all health and fitness intake questions have been answered honestly and thoroughly, and agrees to communicate any symptoms, health or medication changes. Participation is strictly voluntary at the discretion of the individual. The participant is free to deny consent and stop training exercises or testing at any time desired. Records are kept confidential unless consent is given to release information.