



# Client Information Questionnaire

## Program Design and Strong Start Intake Package

**Studio 410**  
Fitness and Health Centre  
28 Clinton Street S  
Teeswater ON  
N0G 2S0

[info@studio410.ca](mailto:info@studio410.ca)  
519-392-7410

### Lifestyle Assessment Form

*All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.*

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Medications/Conditions/Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal: Height \_\_\_\_\_ (ft. in.) Weight \_\_\_\_\_ (lbs)

Blood Pressure \_\_\_\_\_ (mmHg) Resting Heart Rate \_\_\_\_\_ (bpm)

**Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment.**

*Please answer the questions to the best of your ability. If you have any questions, don't hesitate to ask for clarification. The answers to these questions are used in the development of your program and need to be as accurate, and honest as possible.*

## PAR-Q FORM

| Please mark YES or No to the following:   | YES | NO |
|---|-----|----|
| Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?  |     |    |
| Do you frequently have pains in your chest when you perform physical activity?  |     |    |
| Have you had chest pain when you were not doing physical activity?  |     |    |
| Do you lose your balance due to dizziness or do you ever lose consciousness?  |     |    |
| Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? |     |    |
| Are you pregnant now or have given birth within the last 6 months?  |     |    |
| Have you had a recent surgery?  |     |    |

If you have marked YES to any of the above, please elaborate below:

---



---



---



---

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

---



---

What activities are you presently involved in?

| <b>Cardio &amp;/or Sports</b><br>Easy/Mod/Hard | Frequency/Week | Average Length |
|--|----------------|----------------|
|  |                |                |
|  |                |                |
|  |                |                |

| <b>Strength Training</b><br>Easy/Mod/Hard | Frequency/Week | Average Length |
|---|----------------|----------------|
|   |                |                |
|   |                |                |
|   |                |                |

| <b>Stretching</b><br>Easy/Mod/Hard | Frequency/Week | Average Length |
|------------------------------------|----------------|----------------|
|                                    |                |                |
|                                    |                |                |
|                                    |                |                |

Please circle all the activities that interest you:

|                         |                           |                     |
|-------------------------|---------------------------|---------------------|
| Group Fitness Classes   | Kayaking                  | Swimming            |
| Baseball                | Partner Training          | Tennis              |
| Basketball              | Pilates                   | Triathlon           |
| Boxing                  | Private Personal Training | Volleyball          |
| Cross Country Skiing    | Racquetball               | Walking             |
| Football                | Rock climbing             | Wallyball           |
| Golf                    | Rowing                    | White Water Rafting |
| Group Personal Training | Running                   | Yoga                |
| Hiking                  | Skiing                    |                     |
| Ice Skating             | Snowboarding              |                     |
| Individual Workout      | Snowshoeing               |                     |
| Indoor Cycling          | Soccer                    |                     |

List any additional types of physical activity that you enjoy:

---

In a past to present sense, have your activities changed significantly? If so, how? \_\_\_\_\_

---

*If they have changed significantly, please proceed in answering the next two questions;*

What were your favourite parts about engaging in physical activity? \_\_\_\_\_

\_\_\_\_\_

What did you not like about engaging in physical activity? (e.g. what made you stop)

\_\_\_\_\_

\_\_\_\_\_

### **Developing your Fitness Program**

Please circle how you prefer to exercise:

- a)            Inside                      Outside                      Combination
- b)            Large Groups                      Small Groups                      Alone                      Combination
- c)            Morning                      Afternoon                      Evening

Are you motivated to work out on your own?                      YES                      NO

Realistically, how much time would you like to spend each exercise session? \_\_\_\_\_

What are the best days during the week for you to commit to your exercise program?

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

## Goal Setting

How can a personal trainer help you? Please check that which applies.

- Lose Body Fat
- Develop Muscle Tone
- Rehabilitate an Injury
- Nutrition
- Start an Exercise Program
- Design a more advanced program
- Safety
- Sports Specific Training
- Increase Muscle Size
- Fun
- Motivation

Other: \_\_\_\_\_

Please list in order of priority, the fitness goals that you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you feel once you've achieved these goals? Be specific.

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

Where do you rate your health in your life?      Low priority      Medium Priority      High priority

How committed are you to achieving your fitness goals?    Very                      Semi                      Not very

What do you think the most important thing your Personal Training/Program Design can do to help you achieve your fitness goals?

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

Outline what you feel are the obstacles or your potential actions, behaviours or activities that could impede your progress towards accomplishing your goals (e.g. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibility to become a priority over exercise etc).

---

---

---

Outline 3 methods you plan to use to overcome these obstacles:

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a gym membership, or space to exercise at home, work or school?      YES      NO

### Accountability

**Now, it's picture time!** Snap four full-body photos of you standing up (one with proof of start date). Each month, Studio 410 will have a reminder for you to send in your maintenance photos so that we can measure your progress! You can submit your photos to [info@studi0410.ca](mailto:info@studi0410.ca)

**Food Log**

|           | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|-----------|------|-------|------|--------|------|------|------|
| Breakfast |      |       |      |        |      |      |      |
| Lunch     |      |       |      |        |      |      |      |
| Dinner    |      |       |      |        |      |      |      |
| Snack     |      |       |      |        |      |      |      |
| Snack     |      |       |      |        |      |      |      |
| Snack     |      |       |      |        |      |      |      |
| Snack     |      |       |      |        |      |      |      |

**Activity:**

**H2O:**

## PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Studio 410. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Studio 410 shall not be liable or responsible for any injuries to me resulting from my participation in any fitness program or membership (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Studio 410, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term: \_\_\_\_\_(initial)**

2) I understand and agree to the purchase of (circle one) \_\_\_\_\_ Personal Training sessions/\_\_\_\_\_(months) Small Group Training membership/\_\_\_\_\_(months) Group Fitness membership/\_\_\_\_\_(months) Open Gym Membership/*write in program* \_\_\_\_\_. I acknowledge and understand that all program contracts will begin the day the contract is signed unless otherwise stated. If I have purchased personal training sessions or a class punch card, I understand that these services will expire within one year of signing the contract.

In addition to the program and/or membership fees, I must purchase a non refundable \$10 key card.

**I have read and understand this term: \_\_\_\_\_(initial)**

3) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered “Yes” to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform all employees of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_(initial)**

4) I declare that I intend to use the services of a fitness trainer at Studio 410 and I understand that each person, myself included, has a different capacity for participating in such activities. I understand that part of the risk involved in undertaking any activity is

relative to my own state of fitness or health, and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity or program brings with it the assumption, by me, of those risks. I understand that I am free to withdraw from, reduce or modify my involvement in any activity and I realize that I should do so upon recognition of any signs of light-headedness, fainting, chest discomfort, leg cramps, nausea etc.

I accept the fact that personnel who may or may not be certified sometimes conduct personal training sessions or group fitness classes. I accept the fact that the skills and competencies of some employees will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition.

In addition, I acknowledge that I have inquired about the nature of any activity, service or program that I am not completely familiar with and that I have been informed of any inherent risks.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 5) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer, Group Fitness Instructor or alternate staff.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 6) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 7) I understand that all Private Personal Training rates are based on 30, 45, 60 or 75 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 8) I understand that Studio 410 operates on a scheduled appointment basis for all Private Training sessions and thus requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given.

If I fail to give 24 hours notice of not being able to make a session I will be charged in full for that session and work will be completed on my program in my absence. I understand that Studio 410 recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

Should I decide to cancel my program or membership before the contract termination date, I understand that I must provide a written notice at least thirty (30) days before my desired cancellation date. I understand that upon early cancellation of the contract I will be charged a cancellation fee of 20% of the total program/membership cost.

**I have read and understand this term: \_\_\_\_\_(initial)**

9) I understand that all contracts will renew automatically unless I advise otherwise. Studio 410 agrees to provide email notification that the contract is coming up for renewal at least thirty (30) days before the renewal date. If I DO NOT want the contract to renew automatically without charge, I understand that I must provide written notice at least thirty (30) days before the end of the contract.

**I have read and understand this term: \_\_\_\_\_(initial)**

10) Studio 410 contracts can be suspended for up to a period of two weeks. This suspension time may be split to use in two separate one-week periods, and a request for the suspension must be issued to Studio 410 in writing a minimum of one week prior to the suspension. If a suspension period of longer than two weeks is needed, a medical note stating that the client cannot participate in the contracted activities is required.

**I have read and understand this term: \_\_\_\_\_(initial)**

11) I understand that during a personal training or group training session, my trainer/instructor may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that it be discontinued.

**I have read and understand this term: \_\_\_\_\_(initial)**

12) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer or any other staff member.

**I have read and understand this term: \_\_\_\_\_(initial)**

13) I understand that Studio 410 may photograph some of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

**I have read and understand this term: \_\_\_\_\_(initial)**

14) I understand that Studio 410 uses email as its main method of communication, and agree to provide my email address \_\_\_\_\_. I understand that if I fail to check my messages or unsubscribe from receiving emails and miss cancellation deadlines or invoices, I will not be excused from charges pertaining to cancellation or overdue payment fees.

**I have read and understand this term: \_\_\_\_\_(initial)**

***I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.***

\_\_\_\_\_ CLIENT

\_\_\_\_\_ DATE

\_\_\_\_\_ PERSONAL TRAINER/STAFF MEMBER (Circle One)

\_\_\_\_\_ DATE

**24/7 Access to Studio 410  
PLEASE READ CAREFULLY.**

**THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS**

"I have enrolled in the personalized health and fitness program offered through Studio 410 I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrolment and subsequent participation is purely voluntary and in no way mandated by Studio 410"

"In consideration of my participation in this program, I hereby release Studio 410 and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment."

"I fully understand that I may injure myself as a result of my enrolment and subsequent participation in this program and I hereby release Studio 410 and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

"I am aware that Studio 410 is equipped with security systems and understand that if any rules and regulations of the gym are compromised that this footage will need to be reviewed."

"I hereby declare that having 24/7 access is a privilege and I will abide by the rules and regulations as presented by Studio 410. If these terms are not met, I understand that my gym membership will be voided and I will lose access to the gym without refund of payment. Potential charges will be faced depending on the severity and nature of the event."

**RULES AND REGULATIONS**

- I understand that as a gym member, I am required to enter and exit through the gym entrance
- I understand that I enter the 24 hour open gym at my own risk, and will not hold Studio 410 accountable for any incidents that occur as a result of improper use of equipment.
- I understand that I will be held accountable for any stolen or damaged equipment/property.
- I understand that as a trusted member, I am expected to return equipment to where it belongs, and wipe machines after use.
- I understand that as a trusted member, I will not allow access to any guests without first speaking to management
- I will use equipment properly to prevent injury and/or damage to gym property.
- I will respect fellow patrons of the gym, and allow them time and space on the machines and other gym equipment.
- I understand to have 24/7 hour access, I must purchase a key card for \$10 above the costs of the program and/or membership fees.
- I understand that by accepting these terms and conditions I am binding myself into a contract for the chosen amount of time. Overdue instalments and unpaid invoices may result in denied access to classes/gym and are subject to a 5% late fee on the monthly balance owing. Monthly payments must be made by the end of the first full business week of each month.
- In the event of non-sufficient funds in my account, I understand that I am responsible for covering any charges ensued to Studio 410 within five (5) business days of the initial charge to Studio 410. I

understand that an additional 5% will be charged to me for each five (5) business day period that I do not pay back the NSF charges.

- I understand that no cancellation fees and terms will apply if the program or membership is cancelled within ten (10) days of signing the contract and/or making the first payment. This does not apply to monthly memberships.
- I understand that no refunds will be made on monthly gym membership or 24/7 access key card fees
- I understand that any concerns with my account must be brought to the attention of a Studio 410 staff member immediately. If I do not deal with concerns such as account charges immediately, I understand that Studio 410 reserves the right to respond to the issue as they see fit. This may include a refusal to provide refunds on unwatched accounts.
- I understand and acknowledge that the rules, regulations and policies at Studio 410 may change at any time without notice.
- I vow to continue to be an awesome member of the #410Family through encouraging other members, showing off how amazing I am, and strutting my stuff from now until always.

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

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

Parent/Guardian Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_