Personal Training Fitness Programs

Eden Prairie Community Center
16700 Valley View Road
Eden Prairie, MN 55346
edenprairie.org/PersonalTraining

Please complete this packet in its entirety and submit with payment.

Contact the Fitness Supervisor with any questions: Megan Munoz, mmunoz@edenprairie.org, 952-949-8402

Today's Date: _____

Name: _____

Email Address: _____

Phone Number: _____

Trainer Preference: ☐**Male** ☐**Female** **Name:** _____

Preferred Days/Times to Train: _____

PERSONAL TRAINING PACKAGES

All personal training sessions are 60 minutes. Payment in full must be received with this packet. All sessions expire 1 year from the date of purchase. Unused sessions are not refundable.

Individual Personal Training Packages

	Members	Non-members
□ **1 session**	$65	$85
□ **3 sessions**	$180	$240
□ **5 sessions**	$275	$375
□ **10 sessions**	$500	$600

Add 30-Minute Stretch Sessions

	Members	Non-members
□ **1 session**	$40	$55
□ **2 sessions**	$65	$85
□ **6 sessions**	$180	$240
□ **10 sessions**	$275	$375

Semi-Private Training Packages*

	Members	Non-members
□ **2 people**	$40 / person	$50 / person
□ **3 people**	$35 / person	$45 / person
□ **4 people**	$30 / person	$40 / person

*Each client must complete their own packet.
*All clients must turn in packet and payment before sessions can be scheduled.

_____ Number of semi-private sessions

For Office Use: Payment Received (attach receipt)

Customer Service Initials: _____ Date: _____

Please fill out the following questionnaire as completely and accurately as possible. All information on this form will be treated as strictly confidential. This information is used to help your trainer develop a program that addresses your needs, goals, and interests. For semi-private training, each participant must fill out their own packet.

PERSONAL INFORMATION

Participant Name: _____ Date of Birth: _____ / _____ / _____
M D Y

Address: _____
Street

_____
City State Zip

Sex (circle): ☐Male ☐Female Age: _____ Height: _____ Weight: _____

Occupation: _____

Emergency Contact Name: _____ Phone: _____

Physician/Clinic Name: _____ Phone: _____

The Eden Prairie Community Center will not give information regarding your personal training program to your physician unless you request otherwise.

For those doing semi-private training, list the names of the other clients you will be training with.

1. _____ 2. _____

3. _____ 4. _____

GOALS

What are your personal training goals? Check all that apply.

- ☐ Lose weight/body fat
- ☐ Increase flexibility
- ☐ Rehabilitate an injury
- ☐ Start an exercise program
- ☐ Develop muscle tone
- ☐ Increase range of motion
- ☐ Stress management
- ☐ Create a more advanced fitness routine/program
- ☐ Increase strength
- ☐ Increase energy levels
- ☐ Sports-specific training
- ☐ Motivation to continue fitness routine/program

☐ Other _____

_____

HEALTH HISTORY

Do you have or have you ever had any of the following:

☐ Asthma/shortness of breath _____
☐ Back pain _____
☐ Cancer _____
☐ Chest pain _____
☐ Diabetes _____
☐ Heart disease _____
☐ High blood pressure _____
☐ Joint pain _____
☐ Osteoporosis _____
☐ Stroke _____
☐ Surgery _____
☐ Swelling _____
☐ Other _____

Are there any ailments not mentioned above that may be affected by regular physical activity? _____

_____

Are you currently under a doctor's care? ☐Yes No☐ _____

Are you currently taking medications? ☐Yes No☐ _____

Are you trying any type of diet? _____

FITNESS & PHYSICAL ACTIVITY

Please note any additional information that will be helpful to your trainer.

How often do you take part in physical exercise? ○Never ○Rarely ○Sometimes ○Often

What physical activities do you currently participate in? Note types of exercise, frequency, length, level of difficulty.

☐ Cardio or sports _____

_____

☐ Strength training _____

_____

☐ Stretching or mind/body exercises _____

_____

If your physical activity is less than you'd like, what are the reasons?

☐Injury/illness ☐ Lack of time ☐Lack of interest ☐Other _____

How long have you been consistently active? _____

On a scale of 1-10, how would you describe your present fitness level? (1 = worst, 10 = best) _____

Are there any other issues (physical, learning, behavioral, etc.) that your trainer should be aware of? ☐Yes No☐

_____

_____

DEVELOPING YOUR FITNESS PROGRAM

Meeting with your trainer.

I would prefer to train:

□ Multiple times a week

My trainer will work with me each time I come into the community center.

□ Once a week

I will meet with my trainer once a week and work out on my own the rest of the week.

□ Once or twice a month

I would like my trainer to give me a plan to work on for 2-4 weeks at a time, then meet again to check my progress and adjust my plan.

□ Every couple of months

I would like my trainer to give me a plan to work on for 2-4 months at a time, then meet again to check my progress and adjust my plan.

I would prefer to train/exercise:

□ By myself (alone or with my trainer)

□ In a group (small group training, with friends or family, group fitness classes)

□ Combination

Realistically, how many times a week would you like to train? _____

Realistically, how much time would you like to spend during each training session? _____

Achieving your goals.

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

What is the most important thing your trainer can do to help you achieve your goals? _____

_____

_____

What are any obstacles that could impede your progress towards achieving your fitness goals (e.g. not training consistently, work or family activities, injury or medical conditions, etc.?) _____

_____

_____

What are some strategies or methods you plan to use to overcome these obstacles? _____

_____

_____

PARTICIPANT RELEASE & KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in a personal training program offered by the Eden Prairie Community Center (EPCC). I understand that there are inherent risks to participating in an exercise program that may involve strenuous physical activity. I agree that EPCC, the City of Eden Prairie and their agents shall not be liable nor responsible for any injuries resulting from my participation (whether at EPCC, home, outside, in another facility or virtually), and I expressly release and discharge EPCC, the City of Eden Prairie, employees, agents and/or assigns from all claims, actions, judgments, etc. which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage that may occur in connection with my participation in a personal training program, excepting only an injury caused by the gross negligence or intentional act of such person. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read, understand and agree _____ (initial)

I certify that the answers to the questions outlined in the health history section are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "yes" to any question indicating a potential risk factor. I understand that it is my responsibility to inform my personal trainer of any conditions or changes in health that might affect my ability to exercise safely with minimal risk of injury.

I have read, understand and agree _____ (initial)

I understand that I am under no obligation to perform nor participate in any exercise or activity that I do not wish to do, and it is my right to refuse such participation at any time during my training sessions. I understand that if I am feeling lightheaded, faint, dizzy, nauseated or experience pain, I am to stop the activity and inform my personal trainer immediately.

I have read, understand and agree _____ (initial)

I understand that the results of any fitness program cannot be guaranteed and my progress depends on my effort during and outside of my personal training sessions.

I have read, understand and agree _____ (initial)

I understand that all personal training rates are based on 60-minute sessions and should I arrive late, there is no guarantee that I will receive the full session with my personal trainer. If my personal trainer is late for a session, I will still receive the full session time. I understand that EPCC operates on a scheduled appointment basis and requires that I provide 24 hours notice when canceling a session. Should I cancel a session with less than 24 hours notice, I may be charged for the full session.

I have read, understand and agree _____ (initial)

I understand that EPCC bills its personal training clients on a pre-pay basis and that payment must be made before the sessions are conducted. I understand that personal training sessions are non-transferable and non-refundable. I understand that all personal training sessions must be redeemed within one year of purchase.

I have read, understand and agree _____ (initial)

I understand that should my personal trainer become ill, injured or is on vacation, I may request another personal trainer to be assigned to me so that I can continue my fitness program. I also understand that in the event that my personal trainer is no longer employed by EPCC, I will be assigned another personal trainer to oversee my fitness program and training sessions.

I have read, understand and agree _____ (initial)

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

Client Signature: _____ Date: _____

Parent/Guardian Signature (if client is under 18): _____ Date: _____