

Personal Training Welcome Letter

Welcome to Personal Training at Capilano University, we look forward to working with you! Here you will find a few forms to help us get a better understanding of your current activity level and ensure you are ready for your first personal training session. Please ensure you have everything included in the following checklist prior to your first session:

CSEP Get Active Questionnaire: The Get Active Questionnaire is a tool to ensure it is safe for you to become more physically active. If you answer 'yes' to one or more of the questions on Page 1, please contact us at your earliest convenience. Physical activity may still be appropriate but we may need to obtain further information first.

Informed Consent: This form must be signed prior to your first appointment. Those under the age of 19 years must have the form signed by a parent or guardian.

Capilano University Athletics and Recreation Waiver: Please ensure you have completed the Athletics and Recreation Waiver in order to use the facilities in the Centre for Sport and Wellness. If you have completed the form this term for other programs you do not need to complete it again.

Registration and Payment: It is important that you complete your registration and booking prior to your first appointment with your personal trainer. This is to ensure appropriate use of their time and availability of the facility.

What to expect for your first session: Your first session with your personal trainer will involve movement and physical activity. Please arrive dressed and prepared to move with appropriate footwear and clothing. A water bottle is a great idea, and our Centre for Sport and Wellness has change rooms, lockers, showers, and water fountains available for you. During your first session, your trainer will collect more information about your current activity and fitness levels and your goals.

Questions? Please feel free to reach out to our Active Health Programmer Lesley Cambridge at lesleycambridge@capilanou.ca or 604-986-1911 ext. 3404

Personal Training Informed Consent

I, the undersigned acknowledge my consent to undergo an assessment of my physical activity, lifestyle, and fitness as well as prescribed exercises in following sessions from Capilano University's Certified Personal Trainers.

The fitness assessment will be administered by a certified personal trainer and may include:

- Answering questions about my physical activity, sedentary behavior, medical history (if applicable), and other lifestyle factors such as sleep and nutrition.
- Measures of my heart rate, blood pressure, height, weight, and waist circumference.
- A cardio test that involves either stepping, walking, or cycling for a defined period of time to measure my heart rate response.
- A series of musculoskeletal fitness tests that may include Grip Strength, Overhead Press, One Leg Stance, Postural Assessment, and others.
- I understand that these assessments will be used to determine the appropriate type and amount of physical activity and exercise to reach my desired goals and fitness levels.

I understand that I will be provided with advice about physical activity, sedentary behavior and other healthy lifestyle topics.

I understand that I may participate, if desired in follow-up supervised training sessions based on the finding of the initial assessment, consisting of a warm-up, aerobic and musculoskeletal training, and a cool-down.

I understand there exists risks of adverse changes during physical activity including, but not limited to, episodes of light headedness, dizziness, loss of consciousness, abnormal heart rate or blood pressure, chest discomfort, nausea, and in very rare instances heart attack, stroke, or even death. I further understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I fully understand the risks associated with physical activity and exercise and knowing these risks, it is my desire to participate and I willfully assume those risks.

I understand that it is my obligation to inform my personal trainer of any pain, discomfort, fatigue or other symptoms before, during, or after a session.

I also understand during the fitness assessment phase, and during any subsequent prescribed fitness training sessions, that there may be physical touching and positioning of my body which may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure I am using proper techniques and body alignment. I expressly consent to the physical contact for the stated reasons above.

I understand that it is my complete right to decrease or stop the assessment or any subsequent training session at any time if I so desire. I also understand that during the assessment or any subsequent training session the personal trainer may reduce or terminated the activity upon observations of undue distress or abnormal response, or when done for my safety and benefit.

I understand that I may ask questions and for further demonstration of activities to ensure I understand the movements or assessment at any time.

I understand the personal information obtained in this personal fitness training program will be treated as confidential and will not be disclosed for any purpose other than the purpose for which it was collected or in the event of an emergency involving your health or safety. If you have questions about Capilano University's use of your personal information, please contact the University's privacy office by email at privacy@capilanou.ca

I have understood and completed the Get Active Questionnaire and have been deemed ready to participate.

I agree that I have read and understand this document.

PRINTED NAME OF CLIENT:
SIGNATURE OF CLIENT:
DATE (mm/dd/yyyy)

PRINTED NAME OF PERSONAL TRAINER:
SIGNATURE OF PERSONAL TRAINER:
DATE (mm/dd/yyyy)