



Personal Training Request

1 Person

\$60 Hour Session

\$250 (5) Hour Sessions

2 People

\$90 Hour Session

\$350 (5) Hour Sessions

Name(s): _____ **Date:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Personal Trainer Desired (if applicable): _____

Please specify the dates and times your available for sessions along with what you'd like to concentrate on during your sessions.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- | | |
|---|---|
| <input type="checkbox"/> Toning of the Muscles
<input type="checkbox"/> Strength Training
<input type="checkbox"/> Sports Specific Training
If yes what type? _____
<input type="checkbox"/> Endurance Training
<input type="checkbox"/> Flexibility
<input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Target Heart Rate & Management
<input type="checkbox"/> Dietary Analysis
<input type="checkbox"/> Composition Tests
<input type="checkbox"/> Target/Ideal Body Weight
<input type="checkbox"/> Other
Please specify _____ |
|---|---|

- ◆ **Cancelations must be made 24 hours in advanced or that session will be forfeited. This applies to all packaged sessions. Please contact trainer first, if trainer cannot be reached please contact Recreation Director John Curutchet (970)748-4059.**
- ◆ **Refunds may be received only if patron can prove with a valid note from a physician that injury prevented them from partaking in training sessions.**
- ◆ **Five packaged sessions must be completed within 60 days, ten sessions must be completed within 90 days.**
- ◆ **Completed forms must be turned into the Front Desk or emailed to John Curutchet at: Jcurutchet@avon.org**

Participant's Signature _____ **Date:** _____

Personal Training Pre-Training Questionnaire



Par-Q is designed to help you help yourself. Many health benefits are associated with regular exercise. The completion of Par-Q is a sensible first step to take if your planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazards. These questions have been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check the yes or no box. Please answer each yes or no to each question.

- | <u>Yes</u> | <u>No</u> | |
|------------------------------|--------------------------|---|
| 1.) <input type="checkbox"/> | <input type="checkbox"/> | 1.) Has your doctor ever said you have heart trouble? |
| 2.) <input type="checkbox"/> | <input type="checkbox"/> | 2.) Do you frequently have pains in your heart and chest? |
| 3.) <input type="checkbox"/> | <input type="checkbox"/> | 3.) Do you often feel faint or have spells of severe dizziness? |
| 4.) <input type="checkbox"/> | <input type="checkbox"/> | 4.) Has a doctor ever told you that you have a bone or joint problem? |
| 5.) <input type="checkbox"/> | <input type="checkbox"/> | 5.) Has a doctor ever said your blood pressure was too high? |
| 6.) <input type="checkbox"/> | <input type="checkbox"/> | 6.) Is there a reason not mentioned here why you should not follow a program even if you wanted to? |
| 7.) <input type="checkbox"/> | <input type="checkbox"/> | 7.) Are you over the age of 65 and not accustomed to vigorous exercise? |

If you answered yes to one or more questions:



If you have not recently done so, consult your physician BEFORE increasing your activity level and pursuing a fitness appraisal. Tell your physician which questions you answered yes to and discuss your ability to proceed with an exercise program.

Office Use Only:

Employee Initials _____

Follow-Up Initials _____

Date _____

Date _____