

# LIFESTYLE PROFILE

Please complete the information as accurately and completely as possible. Your information will help your trainer provide you with the most beneficial plan to address your goals and challenges. For your 55-minute appointment, please bring this profile with you, wear comfortable athletic clothing and meet your personal trainer in the Fitness Center. Appointments are held in the Fitness Center. **If you should need to cancel, a 24-hour notice is required to avoid a nominal \$15 cancellation fee.**



## GENERAL INFORMATION

Name (Last) \_\_\_\_\_ First \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of communication:  Phone  Email

Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

## OVERALL HEALTH

**Has a doctor or health professional ever told you that you have any of the following conditions?**

- Lack of physical activity
- Family history of heart disease
- Current or past history of obesity
- Recent Illness, Hospitalization, New medical Diagnosis, or Surgical Procedure

**What is your current smoking status?**

- I have never smoked or quit more than 6 months ago.
- I currently smoke or quit within the last 6 months.

**Are you pregnant?**  Yes\*\*  No

**1) Do you have Arthritis, Osteoporosis, or Back Problems?**

Yes\*\*  No

**2) Do you have Cancer of any kind?**  Yes\*\*  No

**3) Do you have Heart Disease or Cardiovascular Disease?** (This includes Coronary Artery Disease, High Blood Pressure, Heart failure, Diagnosed Abnormality of Heart Rhythm)  Yes\*\*  No

**4) Do you have high blood pressure?**  Yes\*\*  No

**5) Do you have any Metabolic Conditions?** (This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes)  Yes\*\*  No

**6) Do you have any Mental Health Problems or Learning Difficulties?**

(This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome)  Yes\*\*  No

**7) Do you have a Respiratory Disease?** (This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure)  Yes\*\*  No

**8) Do you have a Spinal Cord Injury?** (This includes Tetraplegia and Paraplegia)  Yes\*\*  No

**9) Have you had a Stroke?** (This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event)  Yes\*\*  No

**10) Do you have any other medical condition not listed above or do you live with two chronic conditions?**  Yes\*\*  No

**Please list medication use (including dietary/nutritional supplements) and drug allergies:**

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## PHYSICAL ACTIVITY READINESS

- Yes\*\***    **No** Has a doctor ever said that you have a heart condition or high blood pressure and that you should only do physical activity recommended by a doctor?
- Yes\*\***    **No** Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
- Yes\*\***    **No** Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).
- Yes\*\***    **No** Have you ever been diagnosed with a chronic medical condition (other than heart disease or high blood pressure)?
- Yes\*\***    **No** 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? 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** Has your doctor ever said that you should only do medically supervised physical activity?
- Yes\*\***    **No** Do you know any reason why you should not participate in physical activity?

## FITNESS

How many times per week do you exercise?  0    1    2    3    4    5    6    7

Please explain the type of exercise or activities you regularly participate in.

**Cardiovascular:** \_\_\_\_\_

**Strength training:** \_\_\_\_\_

**Flexibility/Stretching:** \_\_\_\_\_

**Short term goals (< 6 months):** \_\_\_\_\_ **Long-term goals (> 6 months):** \_\_\_\_\_

## INFORMED CONSENT FOR EXERCISE PARTICIPATION

**Exercise Participation.** I desire to engage voluntarily in an exercise program with a personal trainer in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on my cardiorespiratory and musculoskeletal systems and to thereby attempt to improve their function.

**Risks and Discomfort from Exercising.** During cardiovascular exercise including cardiovascular testing, certain changes may occur. These changes include abnormal blood pressure responses, fainting, irregularities in heartbeat, and heart attack. Every effort is made to minimize these occurrences. During muscle fitness and flexibility testing, as well as strength training and stretching, there is a slight possibility of straining a muscle or spraining a ligament. In addition, muscle soreness may also be experienced 24 to 48 hours after testing. Appropriate stretching exercises will be demonstrated to alleviate muscle soreness should it occur.

**Freedom of Consent.** I have read this form carefully and I fully understand the test procedures. I consent to participate in these tests and/or the exercise program. *(Permission to perform these fitness tests is voluntary. You are free to deny consent if you so desire.)*

### **WAIVER AND RELEASE OF LIABILITY (Read carefully before signing!)**

• I am aware that PRO Sports Club personal trainers are not medical doctors and are not qualified to determine a participant's physical capability to engage in strenuous exercise.

• The information given on this medical history questionnaire is correct to the best of my knowledge. I understand that absence of the physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in PRO Sports Club activities.

• Medical clearance from my physician may be required prior to participation in the exercise program. I agree to allow PRO Sports Club to consult my physician and obtain written permission as needed. If my condition or medication changes, I will inform my trainer.

*(Read carefully before signing!) I agree that this Waiver and Release of Liability shall apply to each visit I make to PRO Sports Club, including future visits, regardless of any date of issuance or expiration date on the Guest or Permanent membership card, and regardless of the date that this form is signed below. I understand and acknowledge there is risk involved in being in and around PRO Sports Club's facilities, including, but not limited to, utilizing equipment or participating in any exercise or fitness activity. In consideration for being allowed to utilize PRO Sports Club's facilities, I agree I will assume the risk and full responsibility for any and all injuries, losses, death, costs, or other damages, that might occur to me and/or to my family while on the premises of PRO Sports Club or participating in any off-site PRO Sports Club program or activity; and to the maximum extent allowed by law, I agree to waive and release any and all claims, suits, or related causes of action against Professional Recreation Organization, Inc., its owners, officers, employees, or agents (collectively PRO Sports Club), for negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, while on the premises of PRO Sports Club or participating in any off-site PRO Sports Club program or activity. I further agree I will indemnify, defend and hold PRO Sports Club harmless to the maximum extent allowed by law, from negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, or third parties for claims, suits, or related causes of action asserted against PRO Sports Club arising from my conduct and/or my family's conduct while on the premises of PRO Sports Club or participating in any off-site PRO Sports Club program or activity and this waiver and release shall bind the members of my family and my spouse or registered domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue PRO Sports Club. I further agree to release, indemnify, defend and hold PRO Sports Club harmless from any liability whatsoever for future claims presented by my children or any other minor children and/or their parents, whose visit to PRO Sports Club is sponsored by me, for any injuries, losses or damages to themselves or any family member or registered domestic partner. If any term of this waiver and release shall be found illegal, unenforceable or in conflict with any applicable law, the validity of the remaining portions shall not be affected thereby. I have read this waiver and release of liability. \_\_\_\_\_Initials*

### **CANCELLATION POLICY**

• A 24-hour notice is required to avoid a full session charge for all personal training sessions. This includes illness or sickness. Rates may increase periodically. Packages and periodic promotions do expire. I agree to pay for all scheduled personal training services charged to my PRO Sports Club account. I understand and agree to these terms. \_\_\_\_\_Initials

**BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(If under 18 years, parent or guardian signature required)*

Witness \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(PRO Sports Club staff, please print)*