

Health History & Information

Name
Date of Birth Gender M / F
Address
Post Code
Contact Number
Emergency Contact Name Tel No:
Last Medical Dr.

Approx Weight Approx Height
Current level of fitness: Excellent / Good / Fair / Poor
Please list your past recreational activities
Present activities
How physically demanding is your job?
Are you presently on a restricted diet?
Please list any medication you are taking and their purpose:
.....

Please circle if you have ever been on medication for:

Heart / Cardiovascular / Blood pressure

List any injuries, illnesses or limitations you have experienced due to specific health problems (i.e. arthritis, asthma, osteoporosis, thyroid problems, major surgery, diabetes, tendonitis, back pain, etc)

.....

Treatment for above conditions

Signed Date

AMC-Training

PAR-Q (Physical Activity Readiness Questionnaire)

Increasing your activity level will improve your health, fitness and the quality of time you spend exercising. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your Doctor before you start.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Please tick YES or NO for each the following questions:

- | | | |
|---|------------|-----------|
| 1. Have you ever had or symptoms of a heart condition? | YES | NO |
| 2. Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | YES | NO |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | YES | NO |
| 5. Do you have a bone or joint problem that could be made worse by exercise? | YES | NO |
| 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? | YES | NO |
| 7. Do you know of any other reason why you should not do physical activity? | YES | NO |

If you have selected YES for any of the previous questions please give details below:

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signed

Date

Client Trainer Agreement

- AMC will use their skills and knowledge to design a safe programme of exercise that will take into account you (the client) personal goals, fitness levels and exercise likes and dislikes.
- We will provide any coaching; supervision advice and support that the client may need to help them achieve their goals. The clients progress will be regularly monitored and the programme revised and adjusted accordingly
- We will provide all necessary equipment and will organise appropriate venues for all training sessions
- All client information will be kept strictly private and confidential. If we require further medical information from a practitioner, the client must provide such details.
- It is understood between the client and trainer that both will commit to the programme and give 100% effort.
- The client is required to arrive 5 minutes prior to a training session so that a full session can be achieved on each visit.
- The client is required to wear appropriate clothing and footwear. Clothes should be loose fitting and non-restrictive. Footwear should be comfortable and provide adequate support.

Personal Training Terms and Conditions

1. Health screening;
 - All clients must complete a PAR-Q before commencing any exercise programme.
 - Your trainer may require a letter of medical clearance form your GP. Please be aware that your GP may charge for this.
2. Cancellation Policy
 - 48 hours notice of cancellation is required for all appointments
 - Notice of between 24 and 48 hours will require 50% payment of the session fee.
 - Notice of less than 24 hours notice will incur full payment of the session fee.
3. Lateness Policy
 - If you are late for a session the session will not be extended and will end at the appointed time.
 - If I am late, additional time will be added to the session or to subsequent sessions
4. Fee Charging Policy
 - Payment for single sessions must be made at the time of the session
 - Block bookings must be paid for in advance BUT sessions do not have to be booked in advance. However, all sessions must be redeemed within 90 days of the purchase.
 - Course and Programme fees must be paid at least 4 weeks prior to commencement.
 - All monies paid are non-refundable

I recognise and understand all the terms and conditions set between my AMC personal trainer and myself and agree to follow all the guidelines set out above.

Declaration

The information that I have provided here and in the attached Physical Activity Questionnaire (PAR-Q) is, to the best of my knowledge both true and accurate.

Disclaimer

AMC Training recognise that activities they offer may in some circumstances create a risk of personal injury or death. AMC takes all reasonable measures to limit these risks as far as reasonably possible. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

Clients Name	AMC Training
Signature	Signature
Date	Date



Online Programme Use – Declaration & Disclaimer

I understand that participation in any AMC Training exercise programme is voluntary.

It is your full responsibility to inform a medical professional of any difficulties you experience during exercise or of any perceived changes in your physical or medical condition. If you have any concerns please speak to your GP and ask for an explanation or clarification.

Being aware of my own health and physical condition and in full knowledge that my participation in the programme may be injurious to my health, I am voluntarily participating in the AMC Online Training exercise and nutrition programme.

Having such knowledge I release AMC Training its representatives, agents, employees and successors from liability for accidental injury, illness or death which I may incur as a result of participating in the programme.

I hereby assume all risks connected therewith and consent to participate in said programme.

You are free to deny or withdraw consent at any time after consenting.

I have read the terms and conditions and accept them

Signed:

Dated:

Personal & Group
Training Agreement

