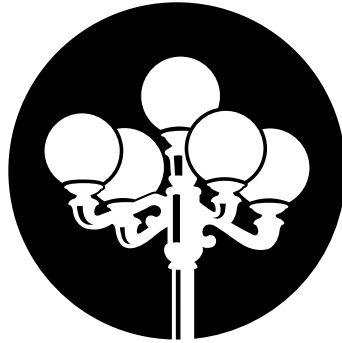


- *Client Registration Packet must be completed and submitted to the Fitness and Wellness Supervisor prior to first session.*

*New clients must purchase first session prior to scheduling.*



**PARKER**  
C O L O R A D O

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**Parks and Recreation**

*Personal Training, Yoga, Stretch  
and Reformer Training*

***Client Registration***

-Confidential-

**Parker Parks and Recreation**  
**Personal Training, Private Yoga/Stretch and Reformer Training Rates**

Personal Training (1-hour sessions)				
Number of Sessions	Adult Resident Fee	Adult Nonresident Fee	Senior/Youth Resident Fee	Senior/Youth Nonresident Fee
1 session	\$52	\$57	\$46	\$51
3 sessions	\$150	\$165	\$132	\$145
5 sessions	\$240	\$264	\$210	\$231
10 sessions	\$460	\$506	\$400	\$440

***Price is per person per session***

Express Personal Training Package (30-minute sessions)		
Number of Sessions	Resident Fee	Nonresident Fee
4 sessions	\$112	\$123

Pilates Reformer/Tower Training (60-minute sessions)				
Number of Sessions	Adult Resident Fee	Adult Nonresident Fee	Senior/Youth Resident Fee	Senior/Youth Nonresident Fee
1 session	\$57	\$63	\$50	\$55
3 sessions	\$162	\$178	\$141	\$155
5 sessions	\$260	\$286	\$230	\$253
10 sessions	\$500	\$550	\$440	\$484

***Price is per person per session***

Semi-Private and Group Training for groups of 2-4 (1-hour sessions)		
Number of Sessions	Resident Fee*	Nonresident Fee*
4 session	\$112	\$123

***\*Price is per person***

Private Yoga/Stretch Personal Training (60-minute sessions)				
Number of Sessions	Adult Resident Fee	Adult Nonresident Fee	Senior/Youth Resident Fee	Senior/Youth Nonresident Fee
1 session	\$57	\$63	\$50	\$55
3 sessions	\$162	\$178	\$141	\$155
5 sessions	\$260	\$286	\$230	\$253
10 sessions	\$500	\$550	\$440	\$484

***Price is per person per session***

Yoga/Pilates Semi-Private and Group Training for groups of 2-4 (1-hour sessions)		
Number of Sessions	Resident Fee*	Nonresident Fee*
4 session	\$140	\$154

***\*Price is per person; groups of up to two for Yoga Personal Training and groups of up to three for Pilates Reformer/Tower Personal Training.***

**Personal Training and Private Instruction Information**  
Please Read Carefully

**Personal Training and Private Instruction Policies**

In order to help make your experience a positive one, we ask that you observe the following policies:

1. Client Registration Packet must be completed prior to first session or during first session.
2. New clients must purchase sessions prior to the first scheduled session.
3. Trainers cannot take session payments. Please pay for sessions at the Recreation Center or Fieldhouse front desk.
4. Call your trainer directly if you know you will be late (Trainers will wait 15 minutes and then that scheduled session will be forfeited). If you are late, the session will only last until the end of the hour for which that session was scheduled.
5. If needed, sessions must be rescheduled 24 hour in advance or session will be forfeited. Call your Trainer directly to reschedule your appointment.
6. Clients must check in at the front desk and inform the staff which training is taking place and with what instructor.

**Client Confidentiality**

Information will not be released without the individual's permission, except in emergency situations.

Regular evaluation of your Trainer's performance and your progress will be completed using written and verbal communication with your Trainer and our fitness staff. If you have any feedback regarding your Trainer or the program, please contact the Fitness and Wellness Coordinator at 303.805.3278.

## Personal Information

Are you interested in:  Personal Training  Pilates Personal Training  
 Semi-Private or Group Training  Yoga Personal Training  
 Express Personal Training  Functional Stretch Training

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Current Information

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you learn about Parker Parks and Recreation's Personal Training and Private Instruction Services?

Recreation Brochure  Mobile App  Friend  
 Recreation Website  Other (please explain) \_\_\_\_\_

Training Preferences and Availability (Bios are available by visiting [www.ParkerRec.com/PersonalTrainer](http://www.ParkerRec.com/PersonalTrainer).)

My preferred Trainer is: \_\_\_\_\_

I would prefer to train at the following location:

Parker Recreation Center (17301 E. Lincoln Ave., Parker): \_\_\_\_\_

Parker Fieldhouse (18700 E. Plaza Dr., Parker): \_\_\_\_\_

Please indicate the days and times you are available and prefer to train. (Please be specific, the more flexible your time the easier to match a Trainer.)

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_ Sunday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_

Please indicate your current levels of satisfaction:

	Very Dissatisfied		Dissatisfied			Satisfied			Very Satisfied		
	1	2	3	4	5	6	7	8	9	10	
Weight	1	2	3	4	5	6	7	8	9	10	
Body Composition	1	2	3	4	5	6	7	8	9	10	
Physical Activity Level	1	2	3	4	5	6	7	8	9	10	
Use of Tobacco Products	N/A	1	2	3	4	5	6	7	8	9	10
Blood Pressure & Cholesterol	1	2	3	4	5	6	7	8	9	10	
Muscular Strength & Endurance	1	2	3	4	5	6	7	8	9	10	
Cardiovascular Endurance	1	2	3	4	5	6	7	8	9	10	
Stress Levels	1	2	3	4	5	6	7	8	9	10	
Nutrition & Eating Habits	1	2	3	4	5	6	7	8	9	10	
General Health & Lifestyle	1	2	3	4	5	6	7	8	9	10	

What goals would you like to achieve from participating in services? \_\_\_\_\_

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## Medications/Allergies

Please list any medical concerns/conditions that might limit your ability to participate in services (pregnancy, disability, chronic conditions, etc.):

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Please list any known allergies (environmental, medications, food, etc.):

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Please list current medications including over-the-counter medications, prescriptions, etc. that may affect your body's response to exercise.

Medication	Dosage	For What?

## Exercise History and Attitude

1. Have you been involved in a routine of regular aerobic exercise (moderate, continuous activity for at least 15-20 minutes duration, at least 3 days per week)? \_\_\_\_\_yes \_\_\_\_\_no

If yes, for how long and what activities? \_\_\_\_\_

If no, when was the last time you can recall being active for at least 20 minutes? What activity were you doing?

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2. Are you currently involved in a weight training and conditioning program? \_\_\_\_\_yes \_\_\_\_\_no

Min/Day \_\_\_\_\_ Days/Week \_\_\_\_\_

If yes, please explain/summarize your current program (exercises, free weights, goals, etc.)

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3. Check the activities you would consider doing and circle the activities you consider "fun."

\_\_\_\_ Walking      \_\_\_\_ Group Fitness Classes      \_\_\_\_ Strength Training      \_\_\_\_ Athletic Drills  
\_\_\_\_ Swimming      \_\_\_\_ Jogging      \_\_\_\_ Cycling      \_\_\_\_ Cardio Machines      \_\_\_\_ Rowing

Other activities you are interested in? \_\_\_\_\_

4. How much time are you planning to devote to a fitness regimen?

On your own time: \_\_\_\_\_days/week \_\_\_\_\_minutes/day

Meeting with a Trainer: \_\_\_\_\_days/week



### Waiver of Liability and Release

I, the undersigned participant/parent or guardian of the participant, recognize and acknowledge that activities with the Town of Parker Parks and Recreation Department involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inaction, negligence of others, rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the employees of the Town of Parker and the instructor or coach of my (my child's) team/activity to call for emergency rescue services for \_\_\_\_\_ should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in an activity sponsored by the Parker Parks and Recreation Department. I authorize the attending physician at the hospital to administer necessary emergency medical care to the above individual upon arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

Before meeting a Parker Parks and Recreation Personal Trainer, or engaging in a training program, I certify that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I understand that I may have to provide a medical clearance from my doctor prior to participating in any Parker Parks and Recreation personal training or private instruction services.

I certify that the above named is capable of participating safely in Town of Parker Parks and Recreation Department programs. I understand that the Town of Parker does not provide accident, health, or life insurance coverage for the above named participant during program participation.

I further understand that I am legally responsible for actions of the above named individual including, but not limited to, any damage to private or public property. I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses.

I agree to indemnify and hold the Town of Parker, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury which may result from my or my child's participation in activities sponsored by the Town of Parker Parks and Recreation Department. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the Town. I further agree to release, waive and discharge, and covenant not to sue the Town for any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to me or my child as a result of my participation or my child's in activities sponsored by the Town. This release of liability and indemnity applies to me, the undersigned, or my child, as well as any personal representatives, assigns, heirs and next of kin.

Finally, I give my consent to use any photographs or videotape taken of me (my child) while participating in any Town of Parker Parks and Recreation Department program in future promotional or marketing materials.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

### Terms and Conditions

I agree to adhere to all Parker Parks and Recreation's personal training and private instruction policies and procedures:  
Please initial.

- \_\_\_ All members agree to abide by the Recreation Department facility rules and regulation and Code of Conduct while in the facility. These rules and regulations may change from time to time. Failure to abide by the centers rules and regulations may result in termination of membership.
- \_\_\_ Patrons must use the identification card to check in to the front desk, get a receipt for each session and give the receipt to the trainer.
- \_\_\_ Patrons wishing to use the facility before or after a scheduled session must pay the daily admission or use their membership card.
- \_\_\_ Full payment is due prior to services being received and payment cannot be accepted by the trainer.
- \_\_\_ If I need to cancel my session I must call my trainer at least 24 hour prior to my scheduled session. If I do not call 24 hours prior, that session will be forfeited, including first time sessions.
- \_\_\_ If I am late, the session will only last until the end of the hour for which that session was scheduled. If I am more than 15 minutes late the scheduled session will be forfeited.
- \_\_\_ If my health status changes after completing the registration packet, I will inform my trainer immediately. I understand that I may need to obtain a physician's clearance prior to continuing training sessions.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

# PAR-Q+






The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

## SECTION 1 - GENERAL HEALTH




Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <b>OR</b> high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness <b>OR</b> have you lost consciousness in the last 12 months? Please answer <b>NO</b> if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer <b>NO</b> if you had a joint problem in the past, but it <u>does not limit your current ability</u> to be physically active. For example, knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Go to Section 3 to sign the form. You do not need to complete Section 2.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Canada's Physical Activity Guidelines for your age ([www.csep.ca/guidelines](http://www.csep.ca/guidelines)).
-  You may take part in a health and fitness appraisal.
-  If you have any further questions, contact a qualified exercise professional such as a CSEP Certified Exercise Physiologist® (CSEP-CEP) or a CSEP Certified Personal Trainer® (CSEP-CPT).
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

 **If you answered YES to one or more of the questions above, please GO TO SECTION 2.**

 **Delay becoming more active if:**

-  You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ before becoming more physically active OR
-  Your health changes - please answer the questions on Section 2 of this document and/or talk to your doctor or qualified exercise professional (CSEP-CEP or CSEP-CPT) before continuing with any physical activity programme.

# PAR-Q+

## SECTION 2 - CHRONIC MEDICAL CONDITIONS

### 1. Do you have Arthritis, Osteoporosis, or Back Problems?

**YES**  If yes, answer questions 1a-1c      **NO**  If no, go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)      **YES**  **NO**
- 
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?      **YES**  **NO**
- 
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months?      **YES**  **NO**

### 2. Do you have Cancer of any kind?

**YES**  If yes, answer questions 2a-2b      **NO**  If no, go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?      **YES**  **NO**
- 
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?      **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**  If yes, answer questions 3a-3e      **NO**  If no, go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)      **YES**  **NO**
- 
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction)      **YES**  **NO**
- 
- 3c. Do you have chronic heart failure?      **YES**  **NO**
- 
- 3d. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure)      **YES**  **NO**
- 
- 3e. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?      **YES**  **NO**

### 4. Do you have any Metabolic Conditions? *This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes*

**YES**  If yes, answer questions 4a-4c      **NO**  If no, go to question 5

- 4a. Is your blood sugar often above 13.0 mmol/L? (Answer **YES** if you are not sure)      **YES**  **NO**
- 
- 4b. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet?      **YES**  **NO**
- 
- 4c. Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)?      **YES**  **NO**

### 5. 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**  If yes, answer questions 5a-5b      **NO**  If no, go to question 6

- 5a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)      **YES**  **NO**
- 
- 5b. Do you also have back problems affecting nerves or muscles?      **YES**  **NO**

# PAR-Q+

**6. Do you have a Respiratory Disease?** *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

**YES**  If yes, answer questions 6a-6d      **NO**  If no, go to question 7

- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES**  **NO**
- 
- 6b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? **YES**  **NO**
- 
- 6c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? **YES**  **NO**
- 
- 6d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? **YES**  **NO**

**7. Do you have a Spinal Cord Injury?** *This includes Tetraplegia and Paraplegia*

**YES**  If yes, answer questions 7a-7c      **NO**  If no, go to question 8

- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES**  **NO**
- 
- 7b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? **YES**  **NO**
- 
- 7c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? **YES**  **NO**

**8. Have you had a Stroke?** *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

**YES**  If yes, answer questions 8a-c      **NO**  If no, go to question 9

- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES**  **NO**
- 
- 8b. Do you have any impairment in walking or mobility? **YES**  **NO**
- 
- 8c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? **YES**  **NO**

**9. Do you have any other medical condition not listed above or do you live with two chronic conditions?**

**YES**  If yes, answer questions 9a-c      **NO**  If no, read the advice on page 4





- 9a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? **YES**  **NO**
- 
- 9b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? **YES**  **NO**
- 
- 9c. Do you currently live with two chronic conditions? **YES**  **NO**

**Please proceed to Page 4 for recommendations for your current medical condition and sign this document.**



# PAR-Q+




## If you answered **NO** to all of the follow-up questions about your medical condition, you are ready to become more physically active:

-  It is advised that you consult a qualified exercise professional (e.g., a CSEP-CEP or CSEP-CPT) to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20-60 min of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

## If you answered **YES** to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. It is recommended strongly that you complete the specially designed online screening and exercise recommendations program (i.e., the ePARmed-X+; [www.eparmedx.com](http://www.eparmedx.com)) and/or visit a qualified exercise professional (CSEP-CEP) for further information.

## Delay becoming more active if:

-  You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ before becoming more physically active OR
-  Your health changes - please talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

## SECTION 3 - DECLARATION

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The PAR-Q+ Collaboration, the Canadian Society for Exercise Physiology, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
- Please read and sign the declaration below:

*I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.*

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

**For more information, please contact**  
**[www.eparmedx.com](http://www.eparmedx.com) or**  
**Canadian Society for Exercise Physiology**  
**[www.csep.ca](http://www.csep.ca)**

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.

### Citation for PAR-Q+

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### Key References

1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(51):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(51):S266-s298, 2011.