



Date Received: _____

Personal Fitness Development Questionnaire

Please complete the below application and submit to the Collier Community Fitness Center Front Desk. The application will be reviewed by the SFA Fitness Staff and/or a Personal Trainer, which best suits your needs, will be selected and will contact you to schedule a Fitness Assessment.

First Name: _____ Last Name: _____

Phone Number: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Age: _____ Gender: _____ Emergency Contact: _____

What are your Fitness goals? (Check top 3 most important goals)

- | | | |
|---|---|---|
| <input type="checkbox"/> Learn to Balance Activity & Diet | <input type="checkbox"/> Decrease Body Fat | <input type="checkbox"/> Tone Muscles |
| <input type="checkbox"/> Create a Healthy Lifestyle | <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Increase Strength & Power |
| <input type="checkbox"/> Improve Overall Health | <input type="checkbox"/> Feel Better | <input type="checkbox"/> Improve Speed/Agility |
| <input type="checkbox"/> Maintain a Healthy Weight | <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Improve Athletic Performance |
| | <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Other: _____ |

What is keeping you from achieving your Fitness goals? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Time | <input type="checkbox"/> Lack of Equipment |
| <input type="checkbox"/> Hitting a Plateau | <input type="checkbox"/> Self Conscious | <input type="checkbox"/> Not Knowing Where/How to Begin |
| <input type="checkbox"/> Money | <input type="checkbox"/> Lack of Results | <input type="checkbox"/> Other: _____ |

What motivates you? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Seeing Results | <input type="checkbox"/> Having Fun | <input type="checkbox"/> Praise/Rewards |
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Feeling Better | <input type="checkbox"/> Other: _____ |

Do you follow a current exercise regime? Yes No
If yes, please explain.

Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before? Yes No:
If yes, please Explain: (How long ago? Was your experience beneficial?)

What do you expect from a personal trainer?

Please list any other information your trainer may find useful in preparing a workout routine for you:



What activities/exercises do you currently participate in? (Check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Running/Walking | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Strength Circuit |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Dance | <input type="checkbox"/> Free Weights |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Resistance Training |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Athletics: If so, what _____ |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Conditioning | <input type="checkbox"/> |

What is your current activity level?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate (1-5 hours a week) |
| <input type="checkbox"/> Little (Less than one hour a week) | <input type="checkbox"/> High (Over 5 hrs. a week) |

What activities/exercises did you participate in the past? (Check all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Running/Walking | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Strength Circuit |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Dance | <input type="checkbox"/> Free Weights |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Resistance Training |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Athletics: Which Sports _____ |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Conditioning | <input type="checkbox"/> |

What was your past activity level?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate (1-5 hours a week) |
| <input type="checkbox"/> Little (Less than one hour a week) | <input type="checkbox"/> High (Over 5 hrs. a week) |

Height: _____ Weight: _____

Have you had any recent weight gain or loss? Yes No

If yes, please explain.

List your top 3 nutrition questions or concerns.

Tobacco Use:

- I currently smoke
- I quit smoking less than six months ago
- I quit smoking over six months ago
- I never used tobacco

Alcohol Use:

- I frequently drink alcohol
- I occasionally drink alcohol
- I seldom drink alcohol
- I never drink alcohol

Do you take any vitamins, minerals, or supplements? Yes No

If yes, please explain:

List current medications and reason for taking:



Do you have any food allergies? Yes No
 If yes, please explain:

How often do you eat?

- 6 or More Times a Day 3-4 Times a Day Whenever Hungry
 5-6 Times a Day Strictly Breakfast, Lunch, and Dinner Less Than 2 Times a Day

How often do you eat out?

- Almost Every day Less Than Once a Week Less Than Once a Month
 A Few Times a Week A Few Times a Month Rarely or Never

Are you currently on any special diet? Yes No
 If yes, please explain.

Prepare a 3-Day food journal and attach to this document or email to our dietitian. See example below:

Day 1 - Please be as specific as possible.

Time	Food/Drink	Amount Eaten
12:00pm	Turkey Sandwich	2 slices wheat bread, 3 slices turkey, 1 leaf lettuce, 1 slice tomato, 1 tsp. brown mustard

What times would you prefer be contacted?

Availability: How many sessions are you looking to complete each week? _____

What days of the week are best for you? _____

What Time of Day: Morning Afternoon Evening

Trainer Preference:

Referred By:

Personal Training & Physical Fitness Program Release/Waiver of Liability

I know that participating in a personal training session(s) and/or physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, infectious diseases, and equipment conditions.

In consideration of the opportunity to participate in the personal training session(s) and/or physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the personal training session(s) and/or physical fitness program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.]

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document which I have read and understand.

Print Name: _____

Signature: _____

Date: _____

Personal Readiness Assessment

Below are items that you should consider BEFORE beginning an exercise program. Your physical activity readiness is a first step when planning to increase physical activity levels in your life and is for your personal use only.

Although these serve as a basic guideline, should you have any questions you should consult a physician BEFORE beginning an exercise program:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?	Yes/No
When you do physical activity, do you feel pain in your chest?	Yes/No
When you were not doing physical activity, have you had chest pain in the past month?	Yes/No
Do you ever lose consciousness or do you lose your balance because of dizziness?	Yes/No
Do you have a joint or bone problem that may be made worse by a change in your physical activity?	Yes/No
Is a physician currently prescribing medications for your blood pressure or heart condition?	Yes/No
Are you pregnant?	Yes/No
Do you have insulin dependent diabetes?	Yes/No
Are you 69 years of age or older?	Yes/No
Do you know of any other reason you should not exercise or increase your physical activity?	Yes/No

If you answered 'YES' to any of the above questions, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

If you honestly answered 'NO' to all questions, you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health should change so that you can then answer 'YES' to any of the above questions, seek guidance from a physician immediately.

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient Name (print): _____ Phone: _____

has medical approval to participate in personal training session(s) and/or physical fitness program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at **any** time he or she desires. Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

Health Care Provider's Signature: _____ Date _____

Provider's Print Name/Stamp: _____

Office telephone number: _____

Email Address: _____

Participant: If you answered "YES" to any of the ten key questions on the **Personal Readiness Assessment**, this form must be completed by your healthcare provider prior to beginning the program.