Personal Training
Application
File: 1610-01

City of Kelowna

Active Living & Culture
1800 Parkinson Way
Kelowna, BC V1Y 4P9
250 469-8800
kelowna.ca/recreation

General Information

Name: _____ Phone Number: _____

Address: _____ Age: _____ ☐ Male ☐ Female

Emergancy Contact

Name: _____ Phone Number: _____

Relationship: _____

Prefered availability for training:

☐ Monday ☐ Saturday ☐ Morning (6am - 9am)
☐ Tuesday ☐ Sunday ☐ Mid-day (10am – 4pm)
☐ Wednesday ☐ Evening (4pm – 8pm)
☐ Thursday · Other: _____
☐ Firday

Fitness Related Questions

On a scale of 1 to 10, how would you rate your present fitness level (1:worst—10:best)? _____

Are you satisfied with your current level of fitness? ☐ Yes ☐ No

On average, how often do you currently participate in physical activity?

☐ 5-7 times/week ☐ 3-4 times/week ☐ 1-2 times/week ☐ not in the past 6 months

If active, list your current activities (Cardio, Sports, Strength Training, Stretching):

_____

_____

Have you worked with a personal trainer before? ☐ Yes ☐ No

The reason(s) you are seeking personal training?

☐ Reduce Fat ☐ Improve Cardiovascular Fitness ☐ Improve Health
☐ Tone Muscles ☐ Build Muscle Mass ☐ Rehabilitation
☐ Improve Sport Specific Skills ☐ Increase Motivation ☐ Reduce Stress
☐ Increase Flexibility ☐ Improve Exercise Technique ☐ Add Variety to Exercise Regime
· Other: _____

Health Related Questions

Have you had or presently have any of the following conditions?

- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart attack
- ☐ Heart disease
- ☐ Seizures
- ☐ Diabetes
- ☐ Lung disease (COPD, emphysema)
- ☐ Unusual fatigue or shortness of breath with usual activities
- ☐ Recent operations (last 12 months)
- ☐ Injuries, joint or bone problems
- ☐ Fainting or dizziness
- ☐ Chest pain (at rest and/or with activity)
- ☐ Stroke or TIA
- ☐ Edema (ankle swelling)
- ☐ Intermittent claudication (calf cramping)

Do you have any other conditions or disabilities not listed above that may affect your ability to exercise?

_____

_____

Signature:_____ **Date:** _____

Thank you for taking the time to fill out this form. Our personal trainers are excited to work with you towards your health and fitness goals! We will contact you as soon as possible.

Office Use Only:

Date Received: _____ Clerks Initials: _____

Trainer Assigned: _____ Course #: _____

Comments: _____

Registration Date: _____