Getting your Personal Training business started

3 EASY Steps to Success

STEP 1

Call 778.574.1190 or email info@vipfitness.ca to order the Personal Training Forms DVD.

STEP 2

Insert your company name where indicated on each form you are going to use.

STEP 3

*** Have a lawyer review all the forms before using them for your business.

Congratulations…

You have the forms you will need to begin your successful personal training business.

Personal Training Forms DVD **$79+HST**

*Purchase during the in-class course and save the shipping charges (Total cost = $82.95)

Personal Training Forms DVD	$79+HST
Shipping	$12
Total	$91

Total cost = $100.48

*Use is subject to terms and conditions and license cannot be shared.

***Order online @ vipfitness.ca**

Name

Address

Phone

Method of Payment

☐ Cheque

☐ Visa ☐ MasterCard

Credit Card # Exp. date

Signature

6624 - 187A Street
Cloverdale, BC V3S 0T1
Phone: 778.574.1190
E-mail: info@vipfitness.ca
www.vipfitness.ca

Personal Training Forms

On DVD

Do you want to start your Personal Training business off correctly or save time completing your BCRPA ICE Exam package?
We have a full package of forms available. It will save you HOURS of work as a new business - GUARANTEED!

vipfitness.ca

bodyblueprint.com

A few samples of the over 20 forms on the DVD...

Terms and Agreement Form

We at YOUR COMPANY NAME HERE appreciate that our clients lead busy lives with numerous commitments. We understand that that may be the odd occasion where a scheduled training appointment will need to be changed and we will do our best to accommodate these situations. There are however, some policies that we enforce in an effort to keep our clients on track with training and avoid frustrating situations where valuable time is wasted.

Please read and sign your initials after each statement to indicate that you have read and understood these terms.

CANCELLATIONS: Twenty four (24) h
session. If less than 24 hours notice is giv

TARDINESS: As many client sessions a
session. If you arrive late for your sessio
you will receive a full hour.

EXPIRATION DATE. All sessions purc
date. The expiry date of your sessions wi

Dress appropriately for the type of activit
(no sandals), put long hair in a ponytail, w
in moving parts of machines).

Always bring a water bottle and towel wi
equipment.

Eat appropriately before you come as prog
on an empty stomach may cause dizzines

I have an
understan
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I understa
that I am

I understa
my effort

I understa
health occ

Our commitment is to help you to reach
I understand and accept the policies as set

Signature: _____

Trainer: _____

Fitness Questionnaire

On a scale of 1-10, how would you rate your current fitness level (1 = worse, 10 = best)? _____

If your current fitness level is not what you believe it should be, what are the primary reasons?

_____Lack of interest
_____Not interested
_____Illness or injury
_____Unsure what to do
_____Lack of time
_____Other _____

What activities are you presently inv

Which of the following do you perfo

_____ Warm-up
_____ Stretching
_____ Workout
_____ Cool-down

Monday	Tuesday	Wedn

Comments:

Fitness Release

"I, _____, have enrolled in a program of strenuous physical activity including, but not limited to
various aerobic conditioning machi
condition and do not suffer from an
exercise program."

occurring during or after my partici

Signature

Date

I hereby affirm that I have read and

Signature

Client Assessment Results Form

Client Name: _____
Assessment Date: _____ Assessment performed by: _____
DOB: _____ Age: _____ Sex: M F

Height (feet/inches): _____
Height (meters): _____ (m)

Weight (pounds): _____ (lbs)
Weight (kilograms): _____ (kg)
Goal weight: _____

BMI [weight(kg) / height (m)^2]: _____ Rank: _____

Waist girth (inches or cm): _____
Hip girth (inches or cm): _____ (m)

WHR [waist / hip]: _____ Rank: _____

Shoulder girth: _____
Chest girth: _____
Upper Arm girth: _____
Thigh girth: _____
Calf girth: _____

Bioelectrical Impedance: _____ % BF Rank: _____

Postural analysis:

Kyphotic-lordotic Sway-Back Flat-Back Rounded Belly

Tight muscles: _____

Elongated/Weak: _____

Flexibility:

Trunk Flexion (inches): _____ Rank: _____
Other: _____ _____ Rank: _____

INFORMED CONSENT for PARTICIPATION in a PERSONAL FITNESS TRAINING PRO
APPARENTLY HEALTHY ADULTS (without known or

1. **PURPOSE AND EXPLANATION OF PROCEDURE**

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training
in personal fitness training program activities that are recommended to me for improvement o
being. These may include dietary counseling, stress management and health/fitness education acti
I perform will be based upon my cardio-respiratory (heart and lungs) and muscular fitness. I understan
to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness train
to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. I agree to participate _____ times per week for a period of _____ week(s) in the formal program sessions. Professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management and other health/fitness-related programs. If I am prescribed medications, I have already so informed the program staff and further agree to inform them promptly of any changes my doctor or I make with regard to the use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop.

exercise, a personal fitness trainer will periodically monitor my performance and perhaps
ssure or assess my feelings of effort for the purposes of monitoring my progress. I also
ess trainer may reduce or stop my exercise program when any of these findings so indicate that
y and benefit.
g the performance of my personal fitness training program, physical touching and positioning of
my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper
I expressly consent to the physical contact for these reasons.

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the risk of
been told
h exercise
e risks
risks, it is

involvement
oning
how my
follow the
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rivileged and
do, however,
s so long as
ovide facts that could lead to my identification. I also agree to the use of any information for
other health fitness professionals, including my doctor. Any other information obtained,
ogram staff in the course of prescribing exercise for me and evaluating my progress in the

D AND UNDERSTAND THIS DOCUMENT.

_____ Date _____

_____ Date _____

MUST BE WITNESSED by someone other than an employee of YOUR COMPANY
o be accepted. In the event it is not witnessed, ALL FITNESS TESTS, PROGRAMS,
OR ACTIVITIES WILL BE POSTPONED.

SAMPLES ONLY

body BLUEPRINT

VIP FITNESS

A word of advice…

Never use legally binding forms that have not been proof-read by a lawyer. A lawyer will ensure your forms meet all legal requirements.