



PERSONAL TRAINING PROGRAM – HEALTH HISTORY

Name: _____

Date: _____

Birth Date: _____ Gender: _____ Physician's Name: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Please check all that apply and provide any additional helpful information such as date of on-set and treatment.

Medical History - Past or Present	Present Symptoms
<p style="text-align: center;">Additional helpful information</p> <p>___ Heart Disease: _____ <input type="checkbox"/> heart attack <input type="checkbox"/> stent <input type="checkbox"/> bypass surgery</p> <p>___ High Blood Pressure: _____</p> <p>___ Stroke: _____</p> <p>___ Blood Lipid/Cholesterol Problems: _____</p> <p>___ Smoking History: _____</p> <p>___ Diabetes: _____</p> <p>___ Respiratory Problems: _____</p> <p>___ Tuberculosis: _____</p> <p>___ Osteoporosis: _____</p> <p>___ Rheumatoid Arthritis: _____</p> <p>___ Gout: _____</p> <p>___ Multiple Sclerosis: _____</p> <p>___ Epilepsy, Seizure Disorder: _____</p> <p>___ Cancer/Tumors: _____</p> <p>___ Chronic Fatigue Syndrome: _____</p> <p>___ Thyroid Condition: _____</p> <p>___ Kidney Condition: _____</p> <p>___ Recent Infections: _____</p> <p>___ Fractures: _____</p> <p>___ Surgeries: _____</p> <p>___ Other Medical Procedures: _____</p>	<p>___ Chest Pain, Discomfort, Pressure <input type="checkbox"/> at rest <input type="checkbox"/> with physical exertion</p> <p>___ Shortness of Breath</p> <p>___ Fainting/lightheadedness</p> <p>___ Heart palpitations</p> <p>___ Coughing or Wheezing</p> <p>___ Back Pain</p> <p>___ Neck Pain</p> <p>___ Joint Pain, Swelling, or Stiffness</p> <p>___ Leg Pain</p> <p>___ Swelling of the feet or ankles</p> <p>___ Fatigue</p> <p>___ Headaches</p> <p>___ Dizziness or fainting spells</p> <p>___ Currently Smoking</p> <p>___ Currently Exercising (# days/week) _____</p> <p>___ Cold/Flu in the last 2 weeks</p> <p>___ Fever in the last 2 weeks</p> <p>___ Recent weight changes (gain/loss) _____</p> <p>___ Pregnant/Previous pregnancies _____</p> <p>___ Depression/Anxiety:</p> <p>___ Other: _____</p> <p>___ Other: _____</p>

Do you have any other medical conditions or physical limitations that should be considered prior to your participation in an exercise program? ___ YES ___ NO (If yes, please explain)

Please list any current prescription medications, over-the-counter medications, or dietary supplements:

Describe any other issues that your trainer should be aware of prior to starting an exercise program:



PERSONAL TRAINING PROGRAM WAIVER FORM, GUIDELINES, & PAYMENT AGREEMENT

Waiver – I agree that I am participating in the Personal Training Program (PTP) at my own risk. I also agree that my Personal Trainer and BaySport, Inc. are not liable for any injuries or damages that may result from my participation in this program. I further agree that my Personal Trainer and BaySport, Inc. will not be subject to any claim, demand, or damages including those damages resulting from acts of active or passive negligence on the part of BaySport Inc, its owners, agents, or employees.

Cancellations – I understand that all cancellations require 24 hours’ notice. I understand that if I do not show up for an appointment or provide adequate notice of cancellation, I will be charged for the scheduled session. If it is necessary for the Personal Trainer to cancel an appointment with less than 24 hours’ notice, one complimentary session of training will be provided to me or my group.

Appointments – I understand the importance of being on time for appointments. In the case that I am late for an appointment, the Personal Trainer will wait 20 minutes from the scheduled time of appointment. After this period, the Personal Trainer is free from obligation and I will be charged the full amount of the scheduled appointment. If the Personal Trainer is more than 20 minutes late for a scheduled appointment, that training session will be provided at no charge to me, and I will receive one complimentary session.

Refunds – All payments are non-refundable and non-transferable (except in the special circumstances including illness, job transfer, job termination, or injury). Refund and transfer requests will be reviewed by the PTP Committee for appropriateness.

Expirations – Sessions expire one year from the date of purchase. Expiration extensions may only be given under special circumstances.

Package Options

30-minute session

Certified Trainer

\$53/singlesession

\$255/five sessions

\$500/ten sessions

Master Trainer

\$60/single session

\$285/five sessions

\$550/ten sessions

60-minute Session

\$80/single session

\$375/five sessions

\$730/ten sessions

\$95/single session

\$460/five sessions

\$900/ten sessions

Small Group (2-4) *

60-minute Session

\$120/Single session

\$140/Single Session

**Group Package: A shared training session between 2-4 people. The fee share is determined by the group and payment must be paid in full by one member of the group.*

By signing below, I acknowledge that I have read, understand, and agree to the information presented above.

Print Name: _____

Participant Signature _____

Date _____

Office Use Only:

BaySport Locations: _____

Amount Received: \$ _____

Transaction #: _____

Staff Signature: _____ Date: _____

Contact: _____