Personal Training Services

Client Information

To ensure quality service, please complete the following questionnaire, and return it to the CARSA Membership Services Desk before purchasing the Personal Training package of your choice.

A Personal Trainer will contact you within approximately 72 hours after you have paid, to book your first session.

If you have any questions or comments please do not hesitate to contact us at vikesrec@uvic.ca

Enjoy your sessions and your fitness success.
**Personal Training Price Sheet**

**Please note:** In order to purchase Personal Training Sessions, you must have a Fitness Weight Centre Membership.

**Group Training Programs**

Benefit from the positive and supportive atmosphere a group workout provides. If you like the idea of exercising in a small group environment right on campus under the guidance of a certified personal trainer, consider this option. Exercising in a small group still offers the benefit of supervision and instruction, yet at a lower cost than one-on-one training. It is the responsibility of the group to ensure all group members are able to make the arranged workouts.

**Members**
- 2 clients (1 hour) $34.00 each
- 3 clients (1 hour) $28.50 each
- 4 clients (1 hour) $22.75 each

**Non-Members**
- 2 clients (1 hour) $39.50 each
- 3 clients (1 hour) $34.00 each
- 4 clients (1 hour) $28.50 each

**Personal Training Programs**

**45min**
- Member: $36.00
- Non-Member: $44.00

**1 hour**
- Member: $48.75
- Non-Member: $59.00

**4 hours**
- Member: $183.00
- Non-Member: $230.00

**6 hours**
- Member: $261.00
- Non-Member: $327.00

**10 hours**
- Member: $413.00
- Non-Member: $515.00
Personal Training at Vikes Recreation

Congratulations on taking the first step to achieving your fitness and health goals. At Vikes Recreation, we are dedicated to ensuring quality personalized fitness training to suit all needs. Our Personal Trainers are professionally certified and will provide you with the tools necessary for a safe and effective exercise program.

Please take a few minutes to complete the following questionnaire. By answering the questions below, it will assist your trainer in developing the most safe, effective and appropriate fitness program that will meet your specific needs. When you have completed this form, take it to the CARSA Membership Services Desk to submit it and purchase the personal training package of your choice.

Please Note: In order for a trainer to contact you, you must have already paid for your personal training sessions.

If you have any questions or comments, please do not hesitate to contact us at vikesrec@uvic.ca.

Pre-Appointment Guidelines

Your appointment(s) will involve physical activity. Please adhere to the following guidelines to make your workout is safe and enjoyable.

Eat a light snack 1 to 2 hours before your appointment and drink water at least 20 minutes prior to workout.

Wear appropriate workout clothing and proper athletic footwear. Your trainer will make arrangements to meet you at the front desk of the CARSA front lobby.

Trainer/Client Responsibilities

I understand that I must pre-pay for sessions with my Personal Trainer and I have six months to redeem all of my Personal Training sessions.

I have read and understand this policy: ___________(initial)

I understand that if I arrive late for my appointment there is no guarantee I will receive my full session. If my Personal Trainer is late for a session, I will still receive my full session time.

I have read and understand this policy: ___________(initial)
I understand that 24 hours notice is required when canceling a session with my Personal Trainer. However, if I fail to give 24 hours notice I will be charged for my missed session unless otherwise waived by my trainer.

I have read and understand this policy: __________(initial)
Personal Information Form

Please complete the following form as accurately as possible. All of the information you provide will be treated with respect and confidentiality.

Name: ___________________________________________ Age: __________

Address: __________________________________________________________________________

Phone: h) __________________________ c) __________________________

Email Address: _______________________________________________________________________

Occupation: _________________________________________________________________________

Physician: _________________________ Phone: __________________________

Chiropractor: ________________________ Phone: __________________________

Physiotherapist: ____________________ Phone: __________________________

Why have you chosen Personal Training services?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
PAR-Q (Physical Activity Readiness Questionnaire)

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people who may need medical advice concerning the type of physical activity that may be most suitable for them. Common sense is your best guide when answering these questions.

Please read the questions and answer each one honestly: Check YES or NO for each.

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?
Yes ☐ No ☐

Do you frequently have pains in your chest when you perform physical activity?
Yes ☐ No ☐

Have you had chest pain when you were not doing physical activity?
Yes ☐ No ☐

Do you lose your balance due to dizziness or do you ever lose consciousness?
Yes ☐ No ☐

Do you have a bone, joint, muscular or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program?
Yes ☐ No ☐

Are you pregnant or have you given birth within the last three months?
Yes ☐ No ☐

Have you had any rehabilitation services for any injuries or accidents?
Yes ☐ No ☐

Have you experienced any serious injuries or undergone surgery in the past year?
Yes ☐ No ☐

Have you experienced muscle, joint or back pain that may be aggravated by a change in your level of physical activity?
Yes ☐ No ☐

Do you know of any reason why you should not be physically active?
Yes ☐ No ☐

Do you take any medications, either prescription or non-prescription on a regular basis?
Yes ☐ No ☐

If you answered YES to any of the questions above, please elaborate below:
Your Fitness History

Have you been successful in incorporating exercise into your lifestyle in the past? Please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What barriers have occurred in your life to impede your exercise success?
________________________________________________________________________
________________________________________________________________________
What motivates you? What type of physical activities are you interested in?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Overall, how would you rate your fitness? In what ways would you like to improve it?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your Personalized Fitness Program

What are your fitness goals?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Realistically, how much time do you have to dedicate to your fitness program? Please indicate days/times that work best for you.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What are you looking for in a Personal Trainer? (Personality, exercise philosophy, motivational techniques, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________