

Tiger Coaching & Personal Training GOAL SETTING PACKAGE

Name: _____ Email: _____

Contact Phone Number: _____

Physician Name & Phone: _____

Do you have a Fitness Club Membership: Yes No Where: _____

FITNESS RELATED QUESTIONS

1. What motivates you to get and be fit? _____

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

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

4. 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

5. If active, list your activities (Cardio & Sports, Strength training, stretching).

Activity	Frequency/Week	Average Time	Easy/Mod/Hard

6. What Fitness Group activities interest you?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Indoor Cycling | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Group Training Activities |
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Yoga | <input type="checkbox"/> Pilates | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Massage | <input type="checkbox"/> Ball Workouts |

7. Rate 1-5 for each of the following goals: (1-being not important; 5-being extremely important)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reduce Fat | <input type="checkbox"/> Increase Aerobic Fitness | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Tone Muscle | <input type="checkbox"/> Injury Rehabilitation | <input type="checkbox"/> Improve Eating Habits |
| <input type="checkbox"/> Build Muscle Mass | <input type="checkbox"/> Improve Exercise Technique | <input type="checkbox"/> Reduce Discomfort |
| <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Increase Motivation | <input type="checkbox"/> Improve Health |
| <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Pre/Post Natal Care | <input type="checkbox"/> Variety in Exercise Routine |

8. What keeps you motivated?

- | | | |
|--|---|--|
| <input type="checkbox"/> Measurable results (list):
_____ | <input type="checkbox"/> Caring/Empathetic Workout | <input type="checkbox"/> High Intensity Workout |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Energetic & Upbeat Workout | <input type="checkbox"/> Creative Workout |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Systematic Routine | <input type="checkbox"/> Information & Knowledge |

Notes: _____

LIFESTYLE AND BEHAVIOUR RELATED QUESTIONS

- Do you consistently and regularly eat four to five "meals" a day?..... Yes No
- Do you drink 8 glasses of water each day? Yes No
- Do you eat at least 4 servings of bread, cereal, rice or pasta per day? Yes No
- Do you eat at least 2 servings of fruit per day Yes No
- Do you eat at least 3 servings of vegetables per day? Yes No

6. Do you have at least 2 servings of quality protein per day? Yes No
7. Do you eat foods high in saturated fat, high in refined sugar and/or high in salt content more than 2-3 times a week? No Yes - please specify _____
8. How many cups of coffee do you have per day? 0 1-2 3-5 more than 6
9. How many glasses of alcohol you drink per week? 0 1-2 3-5 6-9 more than 10
10. Do you take vitamins or supplements No Yes Please list: _____
11. Do you smoke? No
 Yes. Indicate how many per day and number of years _____
12. How many hours do you regularly sleep at night? _____
13. My low energy time of the day is _____ My high energy time of the day is _____
14. Do you manage your stress? Yes No Please comment:

MEDICAL RELATED QUESTIONS

PAR-Q

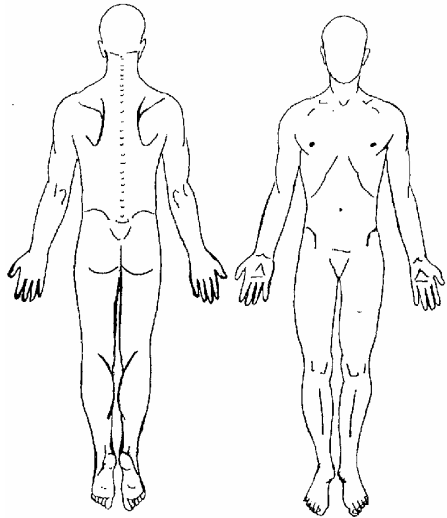
PAR-Q is designed to help you help yourself. Many benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO opposite the question if it applies to you.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

Problem Areas:

Please circle problem areas:



Please list any medical conditions or injuries past or present:

Comments:

Check off if you are seeing a Health Care Specialist:

Physiotherapist Chiropractor Naturopath Medical Specialist Other _____

Health Care Specialist's Name: _____

Do you take any medications (either prescription or non-prescription) on a regular basis?

No Yes, What is the medication for? _____

How does it affect your ability to exercise? _____

MY EXERCISE PLAN

(To be filled out during Goal Setting session)

Name: _____ **Date:** _____

I. My exercise goal is to: _____

II. Cardio Workout: _____ /week Type _____
Strength: _____ /week Type _____
Stretching: _____ /week Type _____

III.

DAY	TYPE OF EXERCISE	TIME OF EACH
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

IV. Obstacles to exercise plan:

V. Strategies to stay on track:

VI. Fitness Group activities to assist you in adhering to your exercise plan:

- ☒ Regular Personal Training appointments _____
- ☒ Monthly Personal Training plan _____
- ☒ Small Group Personal Training _____
- ☒ Fitness Assessments _____
- ☒ Studio or Specialty classes (yoga, indoor cycling, pilates) _____
- ☒ Exercise Club membership _____

PERSONAL TRAINING/COACHING TERMS, RELEASE & ACKNOWLEDGMENT OF AGREEMENT

I, _____, wish to participate in Coaching and Personal Training program offered by Tiger Coaching and Personal Training. I understand there are some risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and obtained he/her approval for my participation in this program within sixty days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program.

I agree that Tiger Coaching and Personal Training shall not be liable or responsible for any injuries to me resulting from my participation in the Personal Training /Coaching program (whether at home or a health club or corporate, commercial, residential or other fitness facility) and I expressly release and discharge Tiger Coaching and Personal Training, its owners, employees, agents and/or assigns, from all claims, actions, judgements and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the Personal Training /Coaching program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

1. I certify that the answers to the questions outlined on the PAR-Q Form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered YES to any of the questions on the PAR-Q form.

I have read and understand this term: _____ (initial)

2. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

3. I understand that should I feel light headed, faint, dizzy, nauseated or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer /Coach.

I have read and understand this term: _____ (initial)

4. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that is my right to refuse such participation at any time during my Personal Training session.

I have read and understand this term: _____ (initial)

5. I understand the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and out side of the Personal Training session.

I have read and understand this term: _____ (initial)

6. I understand that Tiger Coaching and Personal Training Program work on a schedule appointment basis and thus, require that **I provide 24 hours notice when canceling an appointment.** No charge will be levied should I cancel with MORE than 24 hours notice given. **Should I cancel a session with LESS than 24 hours prior notice, then I will be charged for that session.**

I have read and understand this term: _____ (initial)

7. I understand that **all Personal Training sessions are non-transferable and nonrefundable.** I also understand that **all Personal Training sessions must be redeemed within 3-6 months of purchase depending on the package purchased.**

I have read and understand this term: _____ (initial)

8. I understand that **my Personal Training sessions are to be completed in attendance with my trainer and does not include membership privileges to the Training Center outside my allotted time:** _____

I have read and understand this term: _____ (initial)

Where did you hear about us? _____

I have read this Release and Terms of Agreement and understand all of its terms. I sign it voluntarily and with knowledge of its significance.

Client

Date

Personal Trainer/Coach

Date