



Personal Training Agreement

- ☐ Legacy Park Community Center ♦ 901 NE Bluestem Dr, LSMO 64086 (969-1550)
☐ Gamber Center ♦ 4 SE Independence, LSMO 64063 (969-1580)

Participant Name _____ DOB _____ Gender _____
Street Address _____
City, State, Zip _____
Day Phone _____ Evening _____ Cell _____
Email Address _____
Emergency Contact _____ Relation _____ Phone _____
Preferred time of training: _____ Preferred Day (circle all that apply): S M T W T R F S

Personal Training Service Agreement:

Payment for all sessions must be made in full when enrolling.

Clients will enroll for personal training services at the LPCC front desk and will be contacted by their personal trainer within 48 hours.

Clients must wear LPCC appropriate apparel during all training sessions.

Discounts are available for patrons purchasing 5 or more sessions. The discount will be applied to the 5th session purchased, if individual sessions are purchased.

Package purchases must be used by the same patron. New clients must purchase a new package of sessions.

Clients purchasing 5 or less personal training sessions must complete the sessions within a 60-day period. Clients purchasing 10 or more sessions must complete the sessions within a 90 day period. Failure to complete the purchased sessions within the allotted period will result in the cancellation of the service agreement. Patrons may request a refund for all unused sessions by scheduling an appointment with a member of the Legacy Park Community Center (LPCC) management. Service agreements for personal training can be extended for emergency situations, approved LPCC management.

Cancellation of Personal Training Session: A 24 hour advance notice is required for all cancellations. The patron is responsible for notifying their personal trainer or the LPCC front desk of cancellation. Failure to provide 24 hour notice for a cancellation will result in a loss of one (1) training session. Emergency situations must be approved by LPCC management.

Medical Release: All clients must complete a pre-activity readiness questionnaire (PARQ). If this assessment tool indicates the need for a medical clearance form, the completed form must be on file with the LPCC prior to completing any training sessions.

These facilities were designed for recreation and fitness activities. It is the member's responsibility to ensure they and their minor children are sufficiently physically fit and capable to undertake the fitness or recreation activity they choose. LSPR recommends every person have a routine physical examination performed by competent medical personnel and that the individual consult a physician before beginning any fitness program.

LSPR, its board, administrator and employees are not responsible for any injury, illness, incapacity or disability arising out of the individual's medical or physical condition or lack of condition, whether such condition is obvious or hidden, or arising out of the member's ordinary or routine use of these facilities. As additional consideration for being allowed to use the facilities, on behalf of myself and my family and minor children, I hereby release and covenant not-to-sue City of Lee's Summit, Lee's Summit Parks & Recreation, its board, administrator and employees for any present and future claims I may have for injury, illness, incapacity or disability arising out of my or my minor children's physical or medical condition or lack of condition in conjunction with my or their ordinary or routine use of the center.

I certify that all answers on this application are true and complete, and I understand that any misstatement or omission of fact may be sufficient cause for revocation or adjustment to my membership. I hereby authorize verification of information on this application.

Signature of member _____ Date _____

Signature of guardian _____ Date _____

(If member is under the age of 18, a guardian's signature is required)

LIFESTYLE QUESTIONNAIRE

How many days per week do you engage in aerobic exercise for at least 30 minutes in duration? (Examples: Fitness Walking, Cycling, Active Sports, etc.)

- 1) None 2) 1 day 3) 2-3 days 4) 4-5 days 5) 6 or more days

How many times per week do you do strength-building exercises (Examples: Push-ups, Crunches, Lunges, etc.) or use weight training equipment?

- 1) None 2) 1 day 3) 2-3 days 4) 4-5 days 5) 6 or more days

What level of experience do you currently feel you have with weight training?

- ☐ Expert ☐ Intermediate ☐ Advanced ☐ Beginner ☐ I have never used weights

Which best describes your eating habits? I eat healthily...

- ☐ Always ☐ Most of the time ☐ Occasionally ☐ Never

Do you smoke? ☐ Yes ☐ No If yes, how many per day? _____

How much water do you consume per day? _____

How many hours do you sleep each night? _____

List three goals you would like to accomplish (i.e. Lose weight, gain speed, gain strength, tone muscle, burn fat etc.):

1. _____
2. _____
3. _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. The following questions will help you assess your readiness to participate with a personal trainer. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Check YES or NO in the space provided.

- Yes ☐ No ☐ 1. Has your doctor ever said that you have a heart condition and you should only do physical activity recommended by a doctor?
- Yes ☐ No ☐ 2. Do you feel pain in your chest when you do physical activity?
- Yes ☐ No ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?

- Yes ☐ No ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes ☐ No ☐ 5. Do you have a bone or joint problem that could be made worse a change in your physical activity?
- Yes ☐ No ☐ 6. Is your doctor currently prescribing drugs (i.e. water pills) for your blood pressure or heart condition?
- Yes ☐ No ☐ 7. Do you know of any other reason why you should not do activity?

MEDICAL CLEARANCE SECTION

To whom it may concern,

_____ is interested in taking part in a fitness assessment and training program through Lee's Summit Parks & Recreation. The program involves sub-maximal measurements of cardiovascular fitness, body composition, flexibility, and muscular strength and endurance. All assessment protocols will be administered by personnel qualified in assessment techniques and first aid/CPR.

The participant has completed a pre-activity readiness questionnaire which has highlighted the need for medical clearance. That form is attached for your review.

By completing this form, you are not assuming any responsibility for our assessment or training program but are giving us direction on the safety of this process for the stated participant. Please indicate below your recommendation for participation in our assessment and training program.

Thank you for your assistance,

Lee's Summit Parks & Recreation Facility Management

Patient Name: _____

☐ I know of no reason why the above patient may not complete all assessment and training protocols.

☐ I believe the above patient can participate, but I urge caution with the following activities:

☐ I believe the above patient can participate, but with the following limitations:

☐ I recommend the above patient NOT participate.

Physician's Signature: _____ Date: _____

Phone Number: _____

Participant Statement: *I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.*

Participant name (please print): _____ Date: _____

Staff member name (please print): _____ (witness)