



# Personal Trainer / Small Group Training Request Form

Please complete and return to [t.klassen@uwinnipeg.ca](mailto:t.klassen@uwinnipeg.ca) or drop off at the Customer Service Desk in the Duckworth Centre 400 Spence Street.

Name \_\_\_\_\_ Date \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Trainer Preference \_\_\_ Male \_\_\_ Female \_\_\_ Doesn't Matter

Name of Trainer You Prefer (if any) \_\_\_\_\_

Have you had a personal trainer at this facility before? Yes ( ) No ( )

If Yes, with whom? \_\_\_\_\_

Would you consider yourself a ( ) Beginner ( ) Intermediate ( ) Advanced

Days preferred: Mon Tues Wed Thurs Fri Sat Sun

Times preferred: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

(please choose one)

How many times per week do you want to train?      2      3      4

Are you interested in Personal Training or Small Group Training (2-4 people)? \_\_\_\_\_

### Which of the following goals do you have?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Gain Weight / Muscle           | <input type="checkbox"/> Increase Energy     | <input type="checkbox"/> Reduce Stress       |
| <input type="checkbox"/> Improve Cardiovascular Fitness | <input type="checkbox"/> Rehabilitate Injury | <input type="checkbox"/> Improve Flexibility |
| <input type="checkbox"/> Lose Weight / Inches           | <input type="checkbox"/> Prevent Injury      | <input type="checkbox"/> Improve Strength    |
| <input type="checkbox"/> Improve Muscle Tone / Shape    | <input type="checkbox"/> Sport Training      | <input type="checkbox"/> Other               |

Thank you for your interest!!  
A manager will review your request form and assign you a trainer.



### University of Winnipeg - Bill Wedlake Fitness Centre Wellness History & Information Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Gender (optional) \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_

**Please list an emergency contact and your physicians name and phone number:**  
 Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are you presently exercising? \_\_\_\_\_ How many hours a week? \_\_\_\_\_  
 Briefly describe your exercise program:

List any injuries or physical conditions that might affect your ability to exercise:

Please list any illness, hospitalization, or surgical procedures that you have had within the last 2 years.

List any medication you are presently taking and reason:

Please list any over the counter medications and dietary supplements you are currently taking:

Do you have high blood pressure? \_\_\_\_\_ High Cholesterol? \_\_\_\_\_  
 Do you smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**PHYSICAL ACTIVITY**  
 In the past year, how often have you been engaged in physical activity?  
 Regularly (3-4 time a week)    Semi Regularly (1-2 times a week)    Sporadic (1-2 times a month)    None  
 What types of physical activity do you consider fun? \_\_\_\_\_  
 What are your personal barriers to exercise? (i.e. your reasons for not exercising) \_\_\_\_\_  
 What physical activity have you been successful with in the past (liked and participated in regularly)? \_\_\_\_\_



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### OCCUPATION / LEISURE

What is your present occupation? \_\_\_\_\_

Does your occupation require much activity? \_\_\_\_\_

What are your usual leisure activities? \_\_\_\_\_

### STRESSORS

What types of things make you feel stressed? \_\_\_\_\_

How do you normally deal with your stress? \_\_\_\_\_

### DIETARY PATTERNS

How many meals and / or snacks do you have per day? \_\_\_\_\_

Do you feel you eat healthy "most of the time"? \_\_\_\_\_

How much water would you estimate you drink per day? \_\_\_\_\_

### EXPECTATIONS

Specifically describe what you would like to accomplish through your fitness program?



## Personal Training / Small Group Training - Policies & Procedures

1. Available Trainers
    - Only Personal Trainers affiliated with the University of Winnipeg, Bill Wedlake Fitness Centre are allowed to conduct personal training within the facilities.
  2. Required Forms
    - Trainer Request Form
    - Get Active Questionnaire
    - Health Questionnaire
    - Training Policies and Procedures
  3. Session Length
    - All personal training sessions are 1 hour.
  4. Attire
    - Please come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, sweatshirt, indoor runners). Clients arriving unprepared for their training session will forfeit that session.
  5. Late Policy
    - Clients are responsible for arriving on-time to their training sessions. Trainers are obligated to wait 15 minutes. After which, the session will be lost.
    - If the client is late for the appointment the trainer is not obligated to make up the missed time. For example, if the client is 15 minutes late and arrives for the appointment the session will only be the remaining 45 minutes.
  6. Cancellation Policy
    - Clients are asked to call 24 hours in advance of the scheduled training session in order to reschedule a session.
    - Trainers are not obligated to reschedule appointments cancelled with fewer than 24 hours' notice.
  7. Payments
    - Payments can be made online or at the Bill Wedlake Customer Service desk. Prices do not include taxes and can be paid by cash, cheque, debit and Visa or MasterCard. Payments are due prior to the first appointment.
  8. Refund Policy
    - No refunds will be issued for services purchased.
  9. Expiration Policy
    - All training sessions must be use within 90 days from purchase / 4 weeks once training has started. After which, all remaining sessions will be lost.
- ◆ All Personal Training policies and procedures are subject to change on short notice.

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Member Signature

For more information please contact the Fitness Centre Manager at: [t.klassen@uwinnipeg.ca](mailto:t.klassen@uwinnipeg.ca) or (204) 258-2941  
[recreationervices.uwinnipeg.ca](http://recreationervices.uwinnipeg.ca).