



AdvantageHealth Personal Training

SERVICES AVAILABLE

ONE-ON-ONE TRAINING

Get an individualized program tailored to meet your fitness needs and goals.

PARTNER TRAINING

Save money and gain extra support when training in groups of two or three.

FITNESS ASSESSMENTS

Learn what direction your training needs to go with a full body fitness assessment.

SMALL GROUP TRAINING

Specialty training classes are offered over 6-8-week sessions.

PROFESSIONAL GUIDANCE TO ADD A NEW DIMENSION TO YOUR HEALTH

WHY PERSONAL TRAINING?

Are you bored with your workouts, losing motivation, looking for new skills and techniques, or just starting an exercise program?

Our degreed and certified fitness professionals can help you train in a way you never thought possible—giving you the motivation, guidance, and support you need, which will allow you to reach new heights in your fitness goals and experience maximum benefits.

BENEFITS

Personal training has many benefits which include weight loss, increased muscular strength and decreased cholesterol and blood pressure. While many only consider these benefits, personal training offers a multitude of other benefits such as: learning new exercises to incorporate into your own workouts, knowledge of safe and efficient techniques, building effective workouts, and breaking through plateaus.

CAPELLA TOWER HEALTH CLUB
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CAPELLA TOWER HEALTH CLUB

Personal Training Questionnaire

Full Name: _____

Today's Date: ____/____/____

Gender: ☐ Male ☐ Female

Birth Date: ____/____/____

Phone: _____

E-mail Address (please provide the email address where primary communication between you and your personal trainer will be sent):

Emergency Contact & Relation: _____

Phone: _____

Personal Health History

Do you currently have or ever had any of the following conditions? If yes, please describe.

Condition	Date and Description
-----------	----------------------

- | | |
|---|-------|
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Arthritis | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Cancer | _____ |
| <input type="checkbox"/> Stroke | _____ |
| <input type="checkbox"/> Hypertension | _____ |
| <input type="checkbox"/> Heart Disease | _____ |
| <input type="checkbox"/> High Cholesterol | _____ |
| <input type="checkbox"/> Osteoporosis | _____ |
| <input type="checkbox"/> Epilepsy | _____ |
| <input type="checkbox"/> Thyroid Disorder | _____ |
| <input type="checkbox"/> Hernia | _____ |
| <input type="checkbox"/> Gait Problems | _____ |

Do you currently have or ever had any injuries/surgeries in any of the following areas? If yes, please describe.

Upper Extremity	Date and Description
-----------------	----------------------

- | | |
|--|-------|
| <input type="checkbox"/> Head/Neck | _____ |
| <input type="checkbox"/> Upper Back | _____ |
| <input type="checkbox"/> Shoulder/Clavicle | _____ |
| <input type="checkbox"/> Arm/Elbow | _____ |
| <input type="checkbox"/> Hand/Wrist | _____ |
| <input type="checkbox"/> Other | _____ |

Lower Extremity	Date and Description
-----------------	----------------------

- | | |
|-------------------------------------|-------|
| <input type="checkbox"/> Hip/Pelvis | _____ |
| <input type="checkbox"/> Lower Back | _____ |
| <input type="checkbox"/> Abdomen | _____ |
| <input type="checkbox"/> Leg/Knee | _____ |
| <input type="checkbox"/> Ankle/Foot | _____ |
| <input type="checkbox"/> Other | _____ |

Please list any current medications that may influence response to exercise:

Type _____ Purpose _____

Type _____ Purpose _____

Are you currently under the care of a physician, chiropractor or other health professional?

☐ Yes ☐ No

If yes, please explain:

Do you currently smoke?

☐ Yes ☐ No



Nutrition

How would you characterize your daily nutritional habits?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Very Poor

Have you ever participated in a nutrition program and/or weight management program?

- ☐ Yes ☐ No

If yes, please list program and year(s) participated: _____

Physical Activity

Please list any physical activities and/or workout regimens that you have participated in within the last 6 months:

<u>Activity</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____

Have you worked with a personal trainer in the past?

- ☐ Yes ☐ No

If yes, please explain:

Goals

List the goals you would like to accomplish by using a personal trainer:

- 1) _____
2) _____
3) _____

How do you rate your level of motivation and commitment to achieving your goals? (1 = Low, 5 = High)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What is motivating you to complete your goals? _____

Time Commitment

Please indicate which days/times you can commit and how many minutes to meet with a personal trainer:

Day	Time of Day Preferred or Available	Minutes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

PAR-Q & YOU

(A Questionnaire for People Aged 16 to 69)

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.

If you are planning to become more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor first. 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.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?
	<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 not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose balance because of dizziness or do you ever lose consciousness?
<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 <u>any other reasons</u> why you should not do physical activity?

IF YOU ANSWERED . . .

...YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

... NO to all questions above

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

WHEN TO DELAY BECOMING MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; **OR**
- If you are or may be pregnant, talk to your doctor before you start becoming more active.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for person(s) who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Signature: _____

Date: _____





PERSONAL TRAINING PACKAGE OPTIONS

Whatever your needs or goals may be, we offer a variety of options to fit your schedule—and your budget. Choose one of the following options:

- **Individual Package Sessions**
 - With individual sessions, you can pay for any number of sessions in advance and use them when you need them. ‘
 - You will be able to choose 30, 45, or 60-minute sessions based on what fits with your schedule the best.
- **Individual Month-to-Month Packages**
 - The month-to-month option allows you to choose one, four, eight, or twelve sessions per month at discounted rates. Your credit or debit card will be set up on a monthly automatic payment for the day of the month you choose. Your first payment will be taken prior to first training session. You are free to cancel at any time (see cancellation policy).
 - Sessions **do not** carry over from month to month.
- **Individual Training Plan**
 - If you're looking to jump start your fitness routine or you're training for a specific goal, try our NEW Individualized Training Plan option. This is a great option for those who can't make a regular, weekly session with their personal trainer, but are still looking for a customized program and a little extra guidance.
 - Training plan includes:
 - MEET with personal trainer to discuss your overall fitness goals.
 - RECEIVE a customized fitness program to reach your goals.
 - LEARN exercises from your customized program with your personal trainer (45 minutes).
 - WORK towards your goal(s) for the next 4-5 weeks on your own.
- **Group Training Package Sessions**
 - Train with a partner and pay less! Take 30% per person off packages when you sign up with a group of 2-4 people.
 - With individual sessions, you can pay for any number of sessions in advance and use them when you need them.
 - You will be able to choose 30, 45, or 60-minute sessions based on what fits with your schedule the best.
 - Group Sessions do not transfer to individual sessions.
- **Group Training Month-to-Month Packages**
 - Train with a partner and pay less! Take 30% per person off packages when you sign up with a group of 2-4 people.
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PACKAGE PRICING

Session Packages

	(12-session package)	(8-session package)	(4-session package)	(1 session)
30 Minute Session	<input type="checkbox"/> \$396	<input type="checkbox"/> \$264	<input type="checkbox"/> \$132	<input type="checkbox"/> \$33
45 Minute Session	<input type="checkbox"/> \$564	<input type="checkbox"/> \$376	<input type="checkbox"/> \$188	<input type="checkbox"/> \$47
60 Minute Session	<input type="checkbox"/> \$696	<input type="checkbox"/> \$464	<input type="checkbox"/> \$232	<input type="checkbox"/> \$58

Month-to-Month Program Package

	(12 sessions/mo.)	(8 sessions/mo.)	(4 sessions/mo.)	(1 session/mo.)
30 Minute Session	<input type="checkbox"/> 3/Week \$360	<input type="checkbox"/> 2/Week \$240	<input type="checkbox"/> 1/Week \$120	<input type="checkbox"/> 1/Month \$30
45 Minute Session	<input type="checkbox"/> 3/Week \$504	<input type="checkbox"/> 2/Week \$336	<input type="checkbox"/> 1/Week \$168	<input type="checkbox"/> 1/Month \$42
60 Minute Session	<input type="checkbox"/> 3/Week \$624	<input type="checkbox"/> 2/Week \$416	<input type="checkbox"/> 1/Week \$208	<input type="checkbox"/> 1/Month \$52

Individual Training Program ☐ \$65

*prices DO NOT include tax

Policies & Agreement

Appointment Cancellation Policy: A 24-hour advance notice is required if cancelling a personal training appointment. AdvantageHealth reserves the right to retain 100% of the session fee if sufficient notice is not given.

Day Money Back Guarantee: If for any reason you are not completely satisfied with your Personal Training experience within the first 15 days, a full refund is given with a written or e-mail cancellation. After the 15 Day Money Back Guarantee, sessions are non-refundable. Sessions are transferrable to another Capella Tower Health Club Member.

Expiration Date of Training Sessions: For package sessions, If you purchase 1 session or 4 sessions there will be a 3-month expiration from the date of purchase. If you purchase 8-sessions or 12-sessions, there will be a 6-month expiration from the date of purchase. Month-to-Month sessions do not roll over.

First Session: The majority of a client's first session may be a consultation and/or fitness assessment with the trainer. This consultation is designed to set goals, learn more about the client and provide education.

Medical Release: After reviewing a client's health history and/or any fitness assessment results, it may be determined that a medical release is required before personal training can continue.

Exercise Safety: The client certifies that all answers to questions in the health history and PAR-Q are true and complete to the best of their knowledge. It is the client's responsibility to notify the trainer of any changes in their health which might affect my ability to exercise safely, as well as monitoring their own physical condition throughout any sessions, and if any unusual symptoms occur, to discontinue activity and notify the trainer. The client can refuse to participate in any activity that they do not wish to do at any time during their personal training session.

Waiver: I acknowledge I have signed a Waiver of Liability and Hold Harmless agreement when I joined the Capella Tower Health Club Facility and understand the inherent risks in participating in a program of strenuous exercise including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

Outside Personal Trainers: No outside trainers or coaches are permitted to use the facilities.

Evaluation: Once you have completed your sessions, you may be asked to complete a brief evaluation to determine quality of the services rendered by the personal trainer.

I certify that I have fully read and understand the policies and terms of this agreement and will comply with the contents herein. I assume all risk for my health and I know that I may discontinue training at any time without a refund.

Name of Participant

____/____/_____
Date

Signature of Participant

