

Thank you for your interest in PISE Personal Conditioning!

Included in this package you will find:

- Description of PISE Personal Conditioning
- Pricing Information
- Availability and Training Preferences
- Health History Questionnaire

What can PISE Personal Conditioning Do for You?

Whether it is your first time in a Fitness Centre, or if you are training for elite level competition, our coaches have the expertise to help. The PISE Personal Conditioning Difference:

- ✓ Expert Strength and Conditioning (S&C) Coaches with the highest level of certifications including: CSEP-CEP®, CSCS®, CSEP-CPT® and CATA®
- ✓ S&C Coaches with a variety of post-secondary degrees including Kinesiology and Athletic Therapy
- ✓ Physiological assessment and goal setting as part of your first session
- ✓ Video replay capacity; your S&C Coach can record your movement for immediate visual feedback
- ✓ Membership to access the Fitness Centre and towel service during your training program
- ✓ Our S&C Coaches use our integrated Polar heart rate and calorie monitoring system to give the best training possible

In an effort to build the best training program for your needs, your Strength and Conditioning Coach will conduct a consultation and movement assessment as part of your first session, along with various baseline tests selected based on your program goals. This allows your trainer to assess your individual needs and track improvement over time. PISE will design a fitness program specifically tailored to you and your needs based on the information obtained from this assessment.

INSTRUCTIONS:

- Please read and complete each form accurately and completely
- When completed please email our Strength & Conditioning Coordinator Elysia Atkinson (info@pise.ca) or drop off at PISE reception desk
- Once package is received you will be contacted within 2 business days to set up your first appointment
- Purchase your Personal Conditioning package prior to your initial assessment

Please note:

- A complementary membership pass will be activated for the duration of your personal conditioning for up to the allotted time
- Medical Clearance may be required

CANCELLATION POLICY:

- 24 hours' notice is required for appointment cancellations. Failure to do so will result in a charge.
- To cancel an appointment, first attempt to contact the trainer directly. If you are unable to reach the Strength & Conditioning coach or if you leave a message, please also call our reception at 250-220-2510 and provide them with your appointment date, Strength & Conditioning coach's name and reason for cancellation.
- No refunds will be granted for Personal Conditioning sessions unless for medical reasons.

Please note: Our coaches do not work on statutory holidays.

If you have any questions please call 250-220-2510

PISE Personal Conditioning Package Options

Package	Cost (Before taxes)	GST Amount	Total Cost (Including GST)	Price Per Session	Membership Length
Introductory Special ¹	\$ 260.00	\$ 13.00	\$ 273.00	\$ 65.00	1 Month
Single session	\$ 75.00	\$ 3.75	\$ 78.75	\$ 75.00	NONE
4 sessions	\$ 294.00	\$ 14.70	\$ 308.70	\$ 73.50	1 Month
8 sessions	\$ 554.00	\$ 27.70	\$ 581.70	\$ 69.00	1 Month
12 sessions	\$ 806.00	\$ 40.30	\$ 846.30	\$ 67.00	2 Months
16 sessions	\$ 1041.00	\$ 52.05	\$ 1,093.05	\$ 65.00	2 Months
24 sessions	\$ 1,512.00	\$ 75.60	\$ 1,587.60	\$ 63.00	3 Months
36 sessions	\$ 2,192.00	\$ 109.60	\$ 2,301.60	\$ 61.00	3 Months
45 sessions	\$ 2599.00	\$ 129.95	\$ 2,728.95	\$ 58.00	4 Months
Program Design ²	\$ 105.00	\$ 5.25	\$ 110.25	\$ 105.00	NONE
Follow Up Program Design ²	\$ 210.00	\$ 10.50	\$ 220.50	\$ 105.00	NONE

¹ Introductory Special is a one-time promotional rate for new clients only

² Program Design and Follow-Up Program Design are for returning clients only

Please note: Memberships are for the time allotted; no extensions or holds will be granted.

Athletic and Exercise Therapy Services

If you are currently experiencing any pain, recovering from an injury or have a musculoskeletal condition that affects your ability to exercise, we recommend our Athletic Therapy (AT) stream. We will connect you with one of our Certified Athletic Therapists who will conduct a thorough assessment with you to determine the root of your pain/injury and prescribe the best program to suit your needs.

The initial assessment will be conducted in the Clinic, located in our new space above the fitness centre. All remaining sessions will be held in the PISE Fitness Centre, where your coach will lead you through your program and monitor your progress. This is an excellent way to encourage rehabilitation under the guidance of a trained therapist, getting a full hour with your coach and avoiding long stays hooked up to a machine.

The following is a list of our prices and package options:

Package	Cost (Before taxes)	GST Amount	Total Cost (Including GST)	Price Per Session	Membership Length
Initial Assessment	\$ 85.00	\$ 4.25	\$ 89.25	\$ 85.00	NONE
Follow Up Session	\$ 75.00	\$ 3.75	\$ 78.75	\$ 75.00	NONE
4 AT Sessions	\$ 294.00	\$ 14.70	\$ 308.70	\$ 73.50	1 Month
8 AT Sessions	\$ 554.00	\$ 27.70	\$ 581.70	\$ 69.00	1 Month
12 AT Sessions	\$ 806.00	\$ 40.30	\$ 846.30	\$ 67.00	2 Months

Please specify if this is the stream you would prefer when submitting your package.

- Memberships are for the time allotted; no extensions or holds will be granted.

Personal Conditioning Client Package

Availability and Training Preferences

Date: _____

Name: _____

Phone: _____

Email: _____

Preferred method of contact: _____

In order to ensure you receive the best possible service we would like to gather a little information regarding your availability and training preferences.

Do you have a preferred trainer you would like to work with? IF YES please provide their name.	
Do you have a preference for a male or female trainer?	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Which package are you interested in? Please select one.	
<input type="checkbox"/> Single Session <input type="checkbox"/> 4 Sessions <input type="checkbox"/> 8 Sessions <input type="checkbox"/> 12 Sessions	
<input type="checkbox"/> 16 Sessions <input type="checkbox"/> 24 Sessions <input type="checkbox"/> 36 Sessions <input type="checkbox"/> 45 Sessions	
<input type="checkbox"/> Program Design <input type="checkbox"/> Follow Up Program Design	
How many days per week are you looking to work with your coach?	
Do you have a preferred day or days of the week you like to train?	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Do you have a preferred time of day you like to train?	
<input type="checkbox"/> Early Morning <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Late Afternoon <input type="checkbox"/> Evening	
HOURS OF OPERATION	PREFERRED TIMES:
MONDAY TO FRIDAY: 6:00AM – 10:00PM	1)
SATURDAY & SUNDAY: 8:00 – 8:00PM	2)
Would you prefer our personal conditioning stream or our Athletic and Exercise Therapy stream?	
<input type="checkbox"/> Personal Conditioning Stream	<input type="checkbox"/> Athletic and Exercise Therapy Stream
When would you like to begin your training?	

Physical Health History Questionnaire

Date: _____

All questions contained in this questionnaire are strictly confidential.

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Doctors Name:	Date of last physical exam:	

PERSONAL PHYSICAL HEALTH HISTORY

List any current or previous physical health problems you feel would impact your ability to participate in a personal training program.

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Please list an surgeries

Year	Reason	Hospital

Please List any allergies

Name the Drug/allergen	Reaction You Had

CURRENT PHYSICAL HEALTH HABITS

All questions contained in this questionnaire are optional and will be kept strictly confidential.

Exercise	<input type="checkbox"/> Sedentary (No exercise)
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 minutes)
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)
Diet	Are you dieting? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you on a physician prescribed medical diet? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL PHYSICAL HEALTH QUESTIONS

What activities do you currently participate in?

How many days/week? _____ How long is each "bout/session"? _____

Have you participated in strength training in the past? Yes No

If "yes" please describe your experience:

Please rate yourself on a scale of 1 – 10 (1 being low; 10 being high) on the following:	Rating	1-10
Upper Body Strength:		
Lower Body Strength:		
Cardiovascular endurance:		
Flexibility:		
Posture:		
Diet/nutrition:		

Are you experiencing any pain or discomforts currently, if yes please explain. Yes No

Please provide details:

Are you taking any medication or supplements? Yes No

Please provide details:

GOALS/EXPECTATIONS

Please identify any that areas below that are applicable to your training goals.

<input type="checkbox"/> Weight loss	<input type="checkbox"/> Agility
<input type="checkbox"/> Muscle tone/mass	<input type="checkbox"/> Sport Specific
<input type="checkbox"/> Strength	Sport:
<input type="checkbox"/> Flexibility	<input type="checkbox"/> Other
<input type="checkbox"/> Endurance	Details:
<input type="checkbox"/> Speed	

What are your top two training goals for this program?

1.

2.

Thank you for choosing PISE Personal Conditioning!

Were you referred to PISE by anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?		
If no, how did you hear about Personal Conditioning at PISE?		

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months**?

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity? |
| <input type="radio"/> | <input type="radio"/> | B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher? |
| <input type="radio"/> | <input type="radio"/> | C Dizziness or lightheadedness during physical activity? |
| <input type="radio"/> | <input type="radio"/> | D Shortness of breath at rest? |
| <input type="radio"/> | <input type="radio"/> | E Loss of consciousness/fainting for any reason? |
| <input type="radio"/> | <input type="radio"/> | F Concussion? |

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)