



# Youth Fitness Centre Orientation/Personal Consulting

Sept 1, 2022 – Aug 31, 2023

Date: \_\_\_\_\_ Trainer Preference: \_\_\_\_\_

Name(s): \_\_\_\_\_

Contact Person for Minor(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Day/Time Preferred \_\_\_\_\_

Our 100% certified trainers design programs to help introduce exercise in a safe and relaxed environment. Our goal is to engage youth in fun physical activity programs that build physical literacy skills crucial for their development. Our trainers are enthusiastic, educated and will promote proper youth specific programs that are appropriate for the health, fitness, ages and skill-levels of participants between 13 and 15 years of age.

<p>Youth Personal Training &amp; Fitness Consultation</p>	<p>This 2 hour Youth Personalized Training &amp; Fitness Consultation includes a personalized training program and an orientation to the Fitness Centre. This is for youth between the ages of 13 &amp; 15 that would like to use the Fitness Centre under the supervision of a guardian. In this overview training program, your trainer will spend 2 hours teaching you the ins and outs of the Fitness Centre including: instruction on how to run the various cardio equipment, understanding your heart rate and how it effects your performance, body weight routine, core strengthening exercises, and a full body stretching routine. After the completion of the program and the Fitness Instructor has signed off on the session, youth will be issued a Youth Fitness Card and will be permitted to use the Fitness Centre. Supervision level will be determined during appointment and will be indicated on Youth Fitness Card.</p> <p><input type="checkbox"/> Resident Fee: \$90.55  <input type="checkbox"/> Non-Resident Fee: \$113.20  <input type="checkbox"/> Additional Youth Fee: \$45.30</p>
<p>Youth Personal Training Sessions</p>	<p>Personal training involves one-on-one workout sessions with one of our certified trainers. The trainer will design specific and appropriate fitness training to meet the needs of the client. Each training session is completed under the supervision, direction and coaching of the trainer.</p> <p>Sessions (5 x 60 Minutes) Personal Training Rate  <input type="checkbox"/> Resident Fee: \$259.25  <input type="checkbox"/> Non-Resident Fee: \$324.10</p> <p>10 Sessions (10 x 60 Minutes) Personal Training Rate  <input type="checkbox"/> Resident Fee: \$518.20  <input type="checkbox"/> Non-Resident Fee: \$648.20</p>

**\*PLEASE ALLOW 2 WEEKS FOR PROCESSING\***  
**If you need to cancel your appointment, please give us 24 hours' notice.**  
**Refer to Facility Refund and Cancellation Policy.**

*Personal information contained on this form is required for the operation of the Program and is collected under Section 26 (c) of the Freedom of Information and Protection of Privacy Act. The information is kept confidential. For questions regarding the collection of personal information, please contact Kari Bolton, Director of Corporate and Financial Services 410 Kinchant Street, Quesnel, BC V2J 7J5, 250.991.7458, kbolton@quesnel.ca*

**NOTE: If you answer yes to any questions # 2 – # 8 you may have to consult with your physician and receive a doctor's note prior to starting.**

1. Age: \_\_\_\_\_ (If under 15 years of age you must have verbal agreement from the Recreation Coordinator, also parent must attend orientation and sign weight room agreement).
2. Has your doctor ever said you have heart trouble? \_\_\_\_\_
3. Do you frequently have pains in your heart and chest? \_\_\_\_\_
4. Do you often feel faint or have spells of severe dizziness? \_\_\_\_\_
5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? \_\_\_\_\_
6. Has your doctor ever said your blood pressure is too high? \_\_\_\_\_
7. Do you have back or knee problems? \_\_\_\_\_
8. Have you had any previous injury that may prevent you from doing specific exercise? \_\_\_\_\_  
\_\_\_\_\_
9. How long has it been since you followed a serious regular fitness program and how long did you maintain this program? \_\_\_\_\_
10. Why do you want a weight-training program designed for you? \_\_\_\_\_  
\_\_\_\_\_
11. What type of weight training program would you like to be on?  
 Tone                       Body Building               Strength & Flexibility               Weight Loss  
 Sport Specific Training       Rehabilitation               Other: \_\_\_\_\_
12. What is your previous weight training experience? \_\_\_\_\_
13. How would you rate your current level of fitness?     Poor     Reasonable     Good     Excellent

**Acknowledgement of Understanding and Consent**

By signing this form, you confirm that you have read, understood and received a copy of all the information on this form. I, as the designated parent/guardian of the youth named below, hereby give consent to participate in a fitness centre orientation/personal training session and confirm that should the dependent named below not abide by all the conditions outlined, privileges can be suspended without refund.

Name of Youth (Please Print)	Date of Birth	Name of Parent/Guardian	Emergency Contact Number
Youth Signature	Date	Parent/Guardian Signature	Date

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