

NOW YOUR LIFE

Live. Learn. Grow. Love. Peace!

Get Fit Coaching

NEW “GET FIT” CLIENT FORMS PACKET

WELCOME and CONGRATULATIONS on taking the first step to your very own fitness program. Before scheduling our first complimentary fitness testing session, it's beneficial to review and complete this confidential form packet (the best you can) and email it back to me.

Enclosures (to be reviewed in full, signed, and returned via email or fax)

- New Coaching Client Agreements
- PAR-Q Form (courtesy of ACE)
- Health History Questionnaire (courtesy of ACE)
- Readiness to Change Questionnaire (courtesy of ACE)
- Waiver Release (courtesy of ACE)
- Statement of Intent
- Final Signature of Recognition and Consent

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NEW FITNESS COACHING CLIENT AGREEMENT

Our complimentary online or in-person meeting established your desire to take part in a personal fitness program. With any relationship, it's important both parties bring complete clarity and understanding of one another to provide a proper plan that will suit your fitness needs.

Basic Shared Agreements

- When entering this specific professional client/fitness coach relationship agreement, it's imperative to acknowledge that a fitness coaches job isn't to work on the emotional well-being or wounds from the past (that is the job of a professional psychotherapist and/or counseling for mental health care.) Instead, the coaches' responsibility is to design appropriate and safe exercise programs tailored toward your fitness goals. I bring complete empathy and honor of where you are at physically while we work together on your fitness levels.
- Each scheduled training session is 1-hour long and takes place in a local independent contractor facility, or in some cases, in your own home. All sessions must be scheduled at least 48 hours before the day/time and are subject to availability.
- Our scheduled time is valuable, demonstrating a secure client/fitness coach relationship with a mutual agreement of showing up to all scheduled sessions on time with no distractions. Therefore, any rescheduling requires a 24-hour minimum notice. I understand emergencies sometimes arise, and grant one notified missed session a free pass. If any other cancellation/rescheduling occurs outside of the 24-hour policy, your session will have to be forfeited. If this happens more than two times (after the granted free pass), a result of a \$25.00 cancellation fee will occur. This is part of your motivation path for your fitness goals. Showing up is half the battle! Cancellations or rescheduling requests are preferred to be made via text or phone, and if necessary, email.
- For mutual respect, any session missed without any notice or warning will automatically be forfeited. This is not included as a granted free pass and will automatically result in a \$25.00 fee for the client to continue their program. If this happens twice, we will review whether or not the Get Fit coaching process is suitable for you at this time.

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- Depending on your fitness goals, it is generally recommended beginning with the annual 12 Session Package committing to at least two to three sessions per week. This will develop your commitment, establish your motivation, and distinguish your consistency with your fitness levels. If a client wishes to continue further, you may purchase additional sessions or packages appropriate for your fitness goals. You decide what package works best for you. (All pricing is listed at www.nowyourlife.com)
- All fitness packages are to be paid within 24 hours of your first scheduled session (via check, credit card, or Pay-Pal). All packages are non-refundable, adhering to the following expiration regulations ...
 - 6 Sessions expire 1.5 MONTHS from the first training session.
 - 12 Sessions expire THREE MONTHS from the first training session.
 - 24 Sessions expire SIX MONTHS from the first training session.
 - 36 Sessions expire SEVEN MONTHS from the first training session.
- Everything covered in our client/fitness coach relationship is to remain strictly confidential unless the client shows an indication of harm to others or themselves. If a client is currently attending counseling from a professional psychotherapist, please continue that process along with coaching. I welcome all clients to be open and honest with the Get Fit coaching process and communicate what is working best for them.

I have carefully read each shared agreement with complete understanding and will honor them during our coaching relationship.

Client (Print/Sign)

Date

To gain a better understanding of where your general health and fitness level is now, I welcome you to complete the following American Council on Exercise forms the best you can. It's an honor to learn more about you!

PAR-Q AND YOU

(A Questionnaire for People Aged 15 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 much more physically active than you are now, start by answering the seven questions in the box 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.

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 <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<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 you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) 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 of <u>any other reason</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 much 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 for you.

NO to all questions

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

- start becoming much 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

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

PLEASE 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.

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

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Health History Inventory

(Long Version)

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

Name _____ Date _____

Age _____ Sex M F

Physician's Name _____

Physician's Phone (_____) _____

Person to contact in case of emergency:

Name _____ Phone _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Elevated blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any chronic illness or condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty with physical exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Advice from physician not to exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recent surgery (last 12 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pregnancy (now or within last 3 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of breathing or lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Diabetes or thyroid condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Cigarette smoking habit | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Obesity (BMI ≥ 30 kg/m ²) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Elevated blood cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. History of heart problems in immediate family | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Hernia, or any condition that may be aggravated by lifting weights or other physical activity | <input type="checkbox"/> | <input type="checkbox"/> |

Exercise History and Attitude Questionnaire

Name _____ Date _____

General Instructions:

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

Yes No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

Yes No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

Yes No

7. How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program

(circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day?

Yes No

12. Would an exercise program interfere with your job?

Yes No

13. Would an exercise program benefit your job?

Yes No

14. What types of exercise interest you?

- Walking Jogging Strength training
- Cycling Traditional aerobics Racquet sports
- Stationary biking Elliptical striding Yoga/Pilates
- Stair climbing Swimming Other activities

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? _____

Use the following scale to rate each goal separately:

Not at all important	Somewhat important	Extremely important
1 2 3 4	5 6 7 8	9 10

- a. Improve cardiovascular fitness _____
- b. Lose weight/body fat _____
- c. Reshape or tone my body _____
- d. Improve performance for a specific sport _____
- e. Improve moods and ability to cope with stress _____
- f. Improve flexibility _____
- g. Increase strength _____
- h. Increase energy level _____
- i. Feel better _____
- j. Enjoyment _____
- k. Social interaction _____
- l. Other _____

16. By how much would you like to change your current weight?

(+) _____ lbs (-) _____ lbs

READINESS TO CHANGE QUESTIONNAIRE



	YES	NO
Are you looking to change a specific behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to make this behavioral change a top priority?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried to change this behavior before?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe there are inherent risks/dangers associated with not making this behavioral change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you committed to making this change, even though it may prove challenging?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have support for making this change from friends, family, and loved ones?	<input type="checkbox"/>	<input type="checkbox"/>
Besides health reasons, do you have other reasons for wanting to change this behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to be patient with yourself if you encounter obstacles, barriers, and/or setbacks?	<input type="checkbox"/>	<input type="checkbox"/>





Waiver and Release

I, _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of _____ (hereafter referred to as Fitness Professional/Facility). I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness-training program.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Fitness Professional/Facility. I will assume any additional expenses incurred that go beyond my health coverage. I will notify the Fitness Professional/Facility of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Fitness Professional/Facility or I will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. Fitness Professional/Facility has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although Fitness Professional/Facility takes precautions to maintain the equipment, any equipment may malfunction and/or cause potential injuries. I take sole responsibility to inspect any and all of my or the Fitness Professional/Facility's equipment prior to use.

Although Fitness Professional/Facility will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators, and assigns, waive and release any and all claims against Fitness Professional/Facility and any of their staffs, officers, officials, volunteers, sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Fitness Professional/Facility.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF FITNESS PROFESSIONAL/FACILITY. I HEREBY AFFIX MY SIGNATURE HERETO.

_____ Date: _____
Client's name (please print clearly)

Client's signature

Client's address

_____ Date: _____
Parent/guardian signature (if applicable)

_____ Date: _____
Trainer's signature

Note: This document has been prepared to serve as a guide to improve understanding. Personal trainers should not assume that this form will provide adequate protection in the event of a lawsuit. Please see an attorney before creating, distributing, and collecting any agreements to participate, informed consent forms, or waivers.

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STATEMENT OF INTENT

With complete understanding, please read the following statements and should you agree to each account and desire to proceed, sign below:

- I understand and accept that all services with Eric Casaccio at Now Your Life are not a substitute for any counseling, psychotherapy, mental health, or any other medical assistance.
- I accept that Eric Casaccio is a Certified Life Coach (SWIHA) and Certified Personal Trainer with the American Council on Exercise (ACE). He is not a nutritionist, psychotherapist, counselor, psychologist, or medical care provider to offer provide mental health care. If I believe in having a psychological or medical condition, I advise myself to seek qualified professional care from a licensed psychotherapist, counselor, or appropriate medical care provider to maintain myself as a healthy, responsible person able to engage in coaching.
- I understand that Now Your Life will maintain strict confidentiality with the information shared.
- I understand my confidential information can be shared with my written consent or if a court judge demands it. I also know if I exhibit signs of harming, abusing, or killing others as well as harming myself (i.e., showing signs of suicidal tendencies), my coach is obligated by law to break our confidentiality agreement without my permission.
- I understand and accept that my full participation in fitness training is required and that I am fully responsible for showing up to my scheduled sessions on time.
- I understand and accept that any results or outcomes cannot be guaranteed.

I have carefully read the statement of intent above with complete understanding and agree with all points contained therein:

Client Signature and Date

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FINAL SIGNATURE OF RECOGNITION AND CONSENT

I, _____, have fully read all new client forms and completely understand all of the contents and commit myself to _____ sessions for the rate _____.

Client Signature and Date

Fitness Coach Signature and Date

Take a moment and congratulate yourself for completing this revealing and extensive process. Feel free to share anything you may have learned about yourself and any additional information below!

I look forward to working with you and getting you fit!

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