



Cancer Recovery Personal Training

Fitness Training and Exercise for Cancer Survivors

**Eden Prairie Community Center
16700 Valley View Road
Eden Prairie, MN 55346**

Please complete this packet in its entirety and submit with payment.

Questions? Contact Fitness Supervisor Megan Munoz, MMunoz@edenprairie.org, 952-949-8402

Today's Date: _____

Name: _____

Email Address: _____

Phone Number: _____

Trainer Preference: **Male** **Female** **Name:** _____

Preferred Days/Times to Train: _____

TREC PERSONAL TRAINING PACKAGES

All personal training sessions are 30 minutes. Payment in full must be received with this packet. All sessions expire 1 year from date of purchase. Unused sessions are not refundable.

TREC Personal Training Packages

	Members & Non-members
<input type="checkbox"/> 1 session	\$40
<input type="checkbox"/> 2 sessions	\$60
<input type="checkbox"/> 6 sessions	\$150
<input type="checkbox"/> 10 sessions	\$240
<input type="checkbox"/> 2 people*	\$25/person

* Each client must complete their own packet. Both clients must turn in packet and payment before sessions can be scheduled.

_____ Number of 2-person sessions purchased

For Office Use: Register through the "Punch Pass" tab.

Training Package: Individual 2-person Payment Received (attach receipt): Yes No

Customer Service Initials: _____ Date: _____

Please fill out the following questionnaire as completely and accurately as possible. All information on this form will be treated as strictly confidential. This information is used to help your trainer develop a program that addresses your needs, goals, and interests.

PERSONAL INFORMATION

Participant Name: _____ Date of Birth: ____ / ____ / ____
M D Y

Address: _____
Street

City State Zip

Sex (circle): Male Female Age: _____ Height: _____ Weight: _____

Occupation: _____

Emergency Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

The Eden Prairie Community Center will not give information regarding your personal training program to your physician unless you request otherwise.

GOALS

What are your personal training goals? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Lose weight/body fat | <input type="checkbox"/> Develop muscle tone | <input type="checkbox"/> Increase strength |
| <input type="checkbox"/> Increase flexibility | <input type="checkbox"/> Increase range of motion | <input type="checkbox"/> Increase energy levels |
| <input type="checkbox"/> Rehabilitate an injury | <input type="checkbox"/> Start an exercise program | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Regain abilities after surgery or cancer treatments | <input type="checkbox"/> Create a more advanced fitness routine/program | <input type="checkbox"/> Motivation to continue fitness routine/program |
| <input type="checkbox"/> Other _____ | | |

CHOOSING OUR TRAINING PROGRAM

Why did you choose to train at the Eden Prairie Community Center instead of another organization?

- | | | |
|--|--|---|
| <input type="checkbox"/> Recommendation by current/past client | <input type="checkbox"/> Recommendation by physician | <input type="checkbox"/> Cancer-specific training |
| <input type="checkbox"/> Location | <input type="checkbox"/> Prior experience with cancer recovery | <input type="checkbox"/> Set class days/times don't work in my schedule |
| <input type="checkbox"/> Price | <input type="checkbox"/> classes and/or trainers | |
| <input type="checkbox"/> Other _____ | | |

CANCER HISTORY

Please note any additional information that will be helpful to your trainer.

What type of cancer were you diagnosed with? _____

What was the date of your diagnosis? _____

What stage was your cancer? 0 I II III IV Undetermined Don't Know

If applicable, which side of the body was your cancer on? Left Right Both N/A

If applicable, did you have lymph nodes removed? Yes No

If you've had lymph nodes removed, how many and from where? _____

What type of cancer treatments have you received or will you receive in the future?

Surgery

No

Yes

Date completed _____ or planned future date _____

Chemotherapy

No

Currently

Date completed _____ or planned future date _____

Radiation

No

Currently

Date completed _____ or planned future date _____

Are you currently under a doctor's care for your cancer diagnosis? Yes No _____

List any medications and/or supplements you are taking as part of your cancer treatment. Include the medication's or supplement's name and what it is for. _____

HEALTH HISTORY

Do you have or have you ever had any of the following:

Asthma/shortness of breath _____

Joint pain/injury _____

Back pain _____

Osteoporosis _____

Chest pain _____

Spinal injury _____

Diabetes _____

Stroke _____

Heart disease _____

Surgery _____

High blood pressure _____

Swelling _____

Other _____

Are there any ailments not mentioned above that may be affected by regular physical activity? _____

Are you currently under a doctor's care? Yes No _____

Are you currently taking medications not indicated above? Yes No _____

LIFESTYLE

Please note any additional information that will be helpful to your trainer.

Do you smoke or are you a previous smoker? Yes No _____
Do you drink alcohol? Yes No _____
Are you trying any type of diet? Yes No _____
About how many hours do you regularly sleep each night? _____
Describe your job. Sedentary Active Physically demanding
On a scale of 1-10, how would you describe your present stress level? (1 = low, 10 = very high) _____

FITNESS & PHYSICAL ACTIVITY

Please note any additional information that will be helpful to your trainer.

How often do you take part in physical exercise? Never Rarely Sometimes Often

What physical activities do you currently participate in? Note types of exercise, frequency, length, level of difficulty.

Cardio or sports _____

Strength training _____

Stretching or mind/body exercises _____

If your physical activity is less than you'd like, what are the reasons?

Injury/illness Lack of time Lack of interest Other _____

How long have you been consistently active? _____

On a scale of 1-10, how would you describe your present fitness level? (1 = worst, 10 = best) _____

Do you have any cancer-related concerns about exercise or types of exercises that are safe for you? Yes No

Are there any other issues (physical, learning, behavioral, etc.) that your trainer should be aware of? Yes No

DEVELOPING YOUR FITNESS PROGRAM

Meeting with your trainer.

I would prefer to train:

- Multiple times a week

My trainer will work with me each time I come into the community center.

- Once a week

I will meet with my trainer once a week and work out on my own the rest of the week.

- Once or twice a month

I would like my trainer to give me a plan to work on for 2-4 weeks at a time, then meet again to check my progress and adjust my plan.

- Every couple of months

I would like my trainer to give me a plan to work on for 2-4 months at a time, then meet again to check my progress and adjust my plan.

I would prefer to train/exercise:

- By myself (alone or with my trainer)
- In a group (small group training, with friends or family, group fitness classes)
- Combination

Realistically, how many times a week would you like to train? _____

Realistically, how much time would you like to spend during each training session? _____

Achieving your goals.

How committed are you to achieving group fitness goals? Very Somewhat Not very

What is the most important thing your trainer can do to help you achieve your goals? _____

What are any obstacles that could impede your progress towards achieving your fitness goals (e.g. not training consistently, work or family activities, injury or medical conditions, etc.?) _____

What are some strategies or methods you plan to use to overcome these obstacles? _____

PARTICIPANT RELEASE & KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in a personal training program offered by the Eden Prairie Community Center (EPCC). I understand that there are inherent risks to participating in an exercise program that may involve strenuous physical activity. I agree that EPCC, the City of Eden Prairie and its agents shall not be liable nor responsible for any injuries resulting from my participation (whether at EPCC, home, outdoors, in another facility or virtually) and I expressly release and discharge EPCC, the City of Eden Prairie, its employees, agents and/or assigns from all claims, actions, judgments, etc. which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage that may occur in connection with my participation in a personal training program, excepting only an injury caused by the gross negligence or intentional act of such person. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read, understand and agree _____ (initial)

I certify that the answers to the questions outlined in the cancer and health history sections are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "yes" to any question indicating a potential risk factor. I understand that it is my responsibility to inform my personal trainer of any conditions or changes in health that might affect my ability to exercise safely with minimal risk of injury. I understand that the use of any nutritional supplements is done under my own will and has not been prescribed by my personal trainer. I will confirm that I have not tested positive for COVID-19 nor experienced COVID-19 symptoms for at least fourteen (14) days before each session.

I have read, understand and agree _____ (initial)

I understand that I am under no obligation to perform nor participate in any exercise or activity that I do not wish to do, and it is my right to refuse such participation at any time during my training sessions. I understand that if I am feeling lightheaded, faint, dizzy, nauseated or experience pain, I am to stop the activity and inform my personal trainer immediately.

I have read, understand and agree _____ (initial)

I understand that the results of any fitness program cannot be guaranteed, and my progress depends on my effort during and outside of my personal training sessions.

I have read, understand and agree _____ (initial)

I understand that all personal training rates are based on 30-minute sessions, and should I arrive late, there is no guarantee that I will receive the full session with my personal trainer. If my personal trainer is late for a session, I will still receive the full session time. I understand that EPCC operates on a scheduled appointment basis and requires that I provide 24 hours notice when canceling a session. Should I cancel a session with less than 24 hours notice, I may be charged for the full session.

I have read, understand and agree _____ (initial)

I understand that EPCC bills its personal training clients on a pre-pay basis. Once my personal trainer and I have decided upon the number of sessions I will purchase, payment will be made before the sessions are conducted. I understand that all personal training sessions are non-transferable and non-refundable and must be redeemed within one year of purchase.

I have read, understand and agree _____ (initial)

I understand that should my personal trainer become ill, injured or is on vacation, I may request another personal trainer to be assigned to me so that I can continue my fitness program. I also understand that in the event that my personal trainer is no longer employed by EPCC, I will be assigned another personal trainer to oversee my fitness program and training sessions.

I have read, understand and agree _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Client Signature: _____ Date: _____

Parent/Guardian Signature (if client is under 18): _____ Date: _____