

## **Welcome!**

We're excited to have you join us on your journey to optimizing your performance. Whether you're here to build strength, improve mobility, or discover your athletic potential, we are here to support you every step of the way.

This Welcome Package outlines the key policies and informed consent information you need to know before beginning your training. Please take a few moments to carefully read through the following sections. Understanding and acknowledging these guidelines helps ensure a safe, respectful, and effective training experience for everyone.

We're looking forward to working with you!

## Training Policies

Please initial that you have fully read and understand the following policies:

\_\_\_\_\_ Training session must be paid in full prior to first training session.

\_\_\_\_\_ A minimum of 24 hours' notice is required to cancel an appointment. Cancellations can be made in person, by phone, or by email. Failure to do so will result in being charged for the session. If you are part of a private group training session and cannot attend, you will still be charged unless the entire group session is cancelled.

\_\_\_\_\_ Sessions will begin at the specified agreed upon time, if the client arrives late the training session will still finish at the agreed upon time.

\_\_\_\_\_ Refunds for training packages will only be issued upon submission of a valid medical note or confirmation of relocation.

\_\_\_\_\_ I understand that coaches will try to accommodate preferences for appointment times, but cannot guarantee availability due to scheduling conflicts and other factors.

\_\_\_\_\_ Unused training sessions will remain on your account as a credit. If there is not communication regarding intent to use the session credit, after 12 months the credit will be donated to a local charity.

\_\_\_\_\_ You are responsible for updating your coach if you experience any changes in your health status, including injuries.

\_\_\_\_\_ Training programs are for the sole purpose and usage of you. Distribution of the program is strictly prohibited.

In signing below, I agree to the above conditions as well as other policies of the facility.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Trainer)

\_\_\_\_\_  
(Date)

## Informed Consent

I understand and hereby acknowledge:

- My consent to answer questions concerning my current level of physical activity, health status and lifestyle;
- My consent to perform supervised exercise training session consisting of a warm-up, cardiovascular training, musculoskeletal training, flexibility exercises and a cool-down;
- My understanding that physical activity involves potential risks such as lightheadedness, abnormal blood pressure, chest discomfort as well as musculoskeletal strains, pains or injury;
- My obligation to immediately inform my coach of any pain, discomfort, fatigue or any symptoms that I may suffer during and immediately after the appraisal and/or exercise training session;
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and/or Get Active Questionnaire and answered NO to all the questions and/or received clearance to participate in unrestricted physical activity/exercises from a physician.

☐

I consent to having my photo taken and used for promotional purposes

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

Any questions I had were answered to my satisfaction

\_\_\_\_\_  
(Printed Name(s))

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### Emergency Contact:

Name: \_\_\_\_\_

Number: \_\_\_\_\_