

# The physical fitness center

Saint-Lambert Maniatitis THT® Training is proud to provide an excellent, safe training facility for keeping fit. Members of the physical fitness center benefit from quality equipment, the expertise and experience of professional certified trainers, and a pleasant environment with large windows that look onto the park. You may also want to take advantage of our other THT® services like our complete nutrition / meal plan and amazing personal training to help you reach all your wellness and fitness goals.

## Fitness centre schedule 600 Oak Ave, Saint-Lambert (450) 465-1426

- Monday to Thursday, from 6am to 9pm; Friday, from 6am to 8pm
- Saturday, from 7am. to 8pm; and Sunday, from 8am to 7pm

Membership options and costs (taxes not included, the registration fee of 50\$ are included in the membership prices, but the admin fees are added, both fees are not refundable).

Annual membership		Other memberships (adults)		Other memberships (adults)	
Adult	\$419	One visit	\$25	À la carte (10 visits)	\$185
Student (ages 16 to 25)	\$285	Personal training	available	One month	\$119
Senior (60 year and over)	\$335	Programs	available	Three months	\$219
VIP Memberships NOW Available	–	Nutrition – meal plan	available	Six months	\$319

### Please note:

- Non-residents will be charged a supplement of 30\$ plus taxes of the cost for residents.
- A private fitness evaluation / orientation session with a THT® trainer is included in the cost of memberships. This session is highly recommended for all members at any fitness level. An appointment for your private fitness evaluation / orientation session can be scheduled following your membership registration/purchase.

**Membership form** Contract start date \_\_\_\_\_ and end date \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Membership selected \_\_\_\_\_ Total Cost with taxes \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Tel. (home) \_\_\_\_\_

Tel. (work) \_\_\_\_\_ Email \_\_\_\_\_

Name of guarantor (if the person is a minor) \_\_\_\_\_

**Merchant's Signature:** \_\_\_\_\_ **Name in block letters:** \_\_\_\_\_

Date: \_\_\_\_\_ Client's Signature: \_\_\_\_\_

«Clause required under the Consumer Protection Act.

(Contract entered into by a merchant who operates a physical fitness studio) The consumer may cancel this contract without charge or penalty before the merchant has begun the performance of his principal obligation by sending the form attached hereto or another notice in writing for that purpose to the merchant. If the merchant has begun to perform his principal obligation, the consumer may cancel this contract within a time period equal to 1/10 of the duration prescribed in this contract by sending the attached form or another notice in writing for that purpose to the merchant. Such time period shall begin at the time the merchant begins to perform his principal obligation. In that case, the merchant may not exact from the consumer payment of any sum greater than one-tenth of the total price prescribed in the contract. The contract is cancelled, without further formality, upon the sending of the form or notice. Within 10 days following the cancellation of this contract, the merchant must restore to the consumer the money he owes him. It is in the consumer's interest to refer to sections 197 to 205 of the Consumer Protection Act (R.S.Q., c. P-40.1) and, where necessary, to communicate with the Office de la protection du consommateur.

## To become a member

Please visit our website  
www.totalhometraining.com

### Make sure to bring at your first visit:

- The completed form (below);
- The signed PAR-Q form (further in this guide);
- A PARmed-X form completed by your doctor (only if you answered YES to one or more of the questions on the PAR-Q form, or if you are over 70);
- The signed disclaimer and rules and regulations agreement (further in this guide);
- A photo will be taken on site;
- A photocopy of a proof of age, if applicable (student or senior);
- A photocopy of a proof of full time student status, if applicable.

Your membership card will be given to you only once your paperwork is completed.

To benefit from the student price; you must be a full-time student between the ages of 16 and 25.

Physical Activity Readiness  
Questionnaire - PAR-Q  
(revised 2002)

# PAR-Q & 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. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If you answered YES to one or more of these questions, the manager of the physical fitness centre requires that, for your safety, you consult your doctor, who must complete the PARmed-X form before you begin your training program.

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 \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

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.**