



BC Recreation and Parks Association
301-470 Granville Street
Vancouver, BC V6C 1V5
Tel: 604-629-0965
Fax: 604-629-2651
E-mail: bcrpa@bcrpa.bc.ca
www.bcrpa.bc.ca/fitness

PERSONAL TRAINING COURSE PRE-REQUISITE

VERIFICATION OF A MINIMUM OF 12 BEGINNER WEIGHT TRAINING PROGRAMS

To be completed by student prior to enrolling in the Personal Training course and signed by Facility Supervisor, Coordinator or Owner. Use a separate sheet for each facility involved.

This is to verify that

_____ has
Print name of student

performed _____ introductory Weight Training programs from
_____ 20__ to _____ 20__.

Signed: _____ ; _____
Name of Facility Supervisor, Coordinator or Owner Job Title

of _____
Name of Facility

Date: _____

COMPLETED FORMS TO BE FORWARDED TO PERSONAL TRAINING COURSE CONDUCTOR PRIOR TO ENROLLING IN THE COURSE.