

Amazing Moms Fatloss

FIT, SEXY, STRONG

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Program Guide and Participant Registration Form 2010

About Tamara Kosaba



Tamara Kosaba has been working in the fitness industry as a personal trainer for 15 years. Before having children Tamara specialized in helping clients lose weight and correct muscle imbalances to decrease pain and improve performance in their golf game and on the tennis courts.

Tamara studied at Simon Fraser University, acquiring an impressive list of credentials: a BGS with a double minor in Kinesiology and Gerontology; a certificate in Health and Fitness Studies; a second certificate in Applied Human Nutrition. These achievements, along with being multi-certified in Pilates and Personal Training, gave her the theoretical knowledge and practical skill to provide a deeper, more profound understanding of her clients' needs in reaching their fitness and

wellness goals.

But it was facing personal losses that tested Tamara's inner strength to the core. The sudden loss of her father, his life cut short by cancer, began a period of mourning and soul-searching that resolved Tamara to start a family of her own without delay. In a further tragedy, the loss of her mother to a sudden illness was almost too much to bear. However, reaching deep within to carry on and honour her mother — and finding inspiration there — she began creating the building blocks of a targeted fitness and wellness program for busy moms, devoting her life and career to a cause she is certain would have made her parents proud.

And so it was, through these life-changing events, that Tamara was inspired to create her personal training method for busy moms. By combining her personal experiences as a mother of two little boys with everything she'd learned throughout her career and education, she's designed a program specifically for busy moms to quickly regain (or exceed) their pre-pregnancy fitness levels. It's the culmination of a lifetime of knowledge, and it's now available to those who wish to be *Fit, Sexy, and Strong*.

Please contact Tamara to set up your free 60 minute consultation

Call Tamara 604.783.6022 or email

tamara@amazingmomsfatloss.com please type "coaching consultation your name", in subject line

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Information Gathering Sheet

Personal Information

Name: _____ Date: _____

Address:

Phone: _____ Alt. Phone (cell/ work) _____

Email:

Birthdate(day/month/year): _____ Height _____ Weight: _____

How would you like me to contact you? Phone, email, text, skype

Existing Medical Conditions: (mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Pregnancy – Trimester: _____ | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Post Natal | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Vision / eye problems | |
| <input type="checkbox"/> Ulcer | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Medications: Please list any current medications (prescription or non-prescription):

Injuries: Please indicate any injuries or pain in the following areas:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Shoulder R / L | <input type="checkbox"/> Elbow R / L | <input type="checkbox"/> Wrist R / L |
| <input type="checkbox"/> Hip R / L | <input type="checkbox"/> Knee R / L | <input type="checkbox"/> Ankle R / L |
| <input type="checkbox"/> Other (please specify): _____ | | |

Current Lifestyle Description Do your parents suffer from any health conditions? If so what

Do you consider yourself to be active? YES NO

If "yes", please describe activities and how often you participate in them:

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Is there any reason why you can't exercise regularly?

Perceived fitness: ___ Very good ___ Good ___ Average ___ Poor ___ Very Poor

Do you smoke? If so how many a day?

What time do you go to bed? _____ What time do you get up? _____

Are you tired when you wake up?

Are you tired in the late afternoon? Do you eat or drink to wake yourself up?

Dietary Information:

Do you follow a special diet?

If "yes", please describe briefly:

How often do you eat out a week? What do you order?

How many glasses of water do you drink a day?

How many fruits and vegetables do you eat daily? Please list.

How many meals and snacks do you eat a day?

Please describe what you eat and drink on a typical weekday, include what time you eat and portion sizes: Please be honest with me and yourself.

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What is your biggest challenge when participating in weight loss programs?

What programs have you tried in the past?

What did you like about these programs?

What would have made these programs more effective for you?

How much weight do you want to lose?

How will your life be different when you lose this weight?

Do you sabotage yourself? If so how

Do you have people in your life that make it difficult to lose weight? If so how

What will you do to stop their behavior from affecting your results?

Who is your support team? Please list

What can I do to help you succeed?

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There are several important things to know before you begin:

- ★ This program has been designed for healthy women 18 years and older.
- ★ You must receive your doctor's approval before you start! This is especially crucial if you have a pre-existing medical condition or injury.
- ★ The recommendations in this program are not meant as medical advice and are for educational purposes only.
- ★ Do not do any exercise that causes you pain or discomfort. Since all forms of exercise pose some inherent risks, the editors and publishers of this information advise you to take full responsibility for your own safety. Know your limits and inform Tamara Kosaba immediately.
- ★ This program and dietary guidelines are not intended to be a substitute for any exercise or other recommendation offered by your doctor.
- ★ Please ensure that all equipment used is properly maintained, and do not attempt exercises that are beyond your fitness level and experience.
- ★ Do not perform any exercise unless you have been shown proper technique by a certified personal trainer. Always warm up prior to beginning your resistance and cardiovascular workouts.
- ★ If you take any medications, you must consult with your doctor before starting the Amazing Moms' Coaching program. If at any time during your workout you experience lightheadedness, dizziness or shortness of breath, stop the movement and consult your doctor.
- ★ You must complete a physical examination if you are sedentary; if you have high cholesterol, high blood pressure or diabetes; if you are overweight; or if you are over 30 years old. Please discuss all nutritional changes with your doctor or a registered dietician. Please follow the guidelines of your doctor while participating in any exercise program, including this one.

I affirm that I have notified Tamara Kosaba of Amazing Moms' Coaching of all known medical conditions and injuries. _____

I agree to inform Tamara Kosaba of any changes in my health and medical condition. I understand that there shall be no liability should I forget to do so. _____

By signing this release, I hereby waive and release Tamara Kosaba and Amazing Moms' Fatloss from any and all liability, past, present, and future and signify that I have read and understood all information presented in this document.

Signature:

Date:

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Information Gathering Sheet - PAR Q

Physical Activity Readiness Questionnaire (PAR-Q)

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 everyday. 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 question carefully and answer each one honestly by checking YES or NO.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

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.

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.

Delay becoming much more active:

If you are not feeling well because of a temporary illness such as 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.

(Company) assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature _____ Please Print _____ Date _____

