

Western Family YMCA

Personal Training

2010 Registration packet



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How to get started:

1. Complete attached registration packet, health history and waiver, return to Member Services.
2. You will be contacted within 3 business days upon the Wellness Department receiving your completed packet.
3. Payment is required prior to first training session.

Please retain this sheet
See back for Personal Training Policies

Western Family YMCA

Personal Training Policies

Now that you have made this decision, we realize how excited you are to begin. We will get you on the schedule just as soon as a trainer is available. Please review the following policies about our personal training program.

- Payment is required before you meet with your trainer. Please make payment prior to first scheduled meeting.
- The first session is a consultation. This will be used to design your program. Without this session the trainer will not be able to properly develop a program that will address your goals and needs.
- Session will last up to one hour. The amount of time will depend on the program design, and workout experience.
- There is a 24-hour cancellation period for all scheduled appointments. If you need to cancel and/or reschedule an appointment please contact your personal trainer directly **at least 24 hours before your appointment**. Improper notice may result in a loss of that session.
- You may not upgrade your PT package, without permission from your trainer. This may only happen after the consultation appointment
- **Program Development** is only one session. You will have a consultation with a trainer that will use the information to design a program for you.
- Each exercise program is designed to fit the individual member needs, therefore the rate at which you use sessions will vary. However, it is important to use the sessions in your package in a timely manner. Any PT session package that remains inactive (no sessions used) for a period of 3 months or more will expire and a new Health History Form will be required to purchase more sessions with a trainer.

Package Pricing:

Individual Personal training

- 3 Sessions \$135
- 6 Sessions \$235
- 12 Sessions \$395

Tandem Training

- 3 Sessions \$170
- 6 Sessions \$285
- 12 Sessions \$475

Program Development \$60

This form asks you a variety of questions about your medical history which is an important factor to consider as we design an exercise routine for you. **Your answers to these questions will be maintained in privacy.** Please fill in the information requested, or place a check in the appropriate space.

Today's date: ____ / ____ / ____

First Name: _____ Last Name: _____

Day phone: _____ Evening Phone: _____

Email address: _____

Height: _____ Weight: _____ Sex: M F Age: _____

How long have you exercised or played sports regularly (an average of 3 or more times per week)?

___ I do not exercise regularly ___ less than 1 year ___ 1 to 2 years
___ 2 to 5 years ___ 5 to 10 years ___ 10+ years

Known Diseases or Conditions

1. Do you have any personal history of heart disease? Y / N
2. Any personal history of metabolic disease (thyroid, renal, liver)? Y / N
3. Do you have diabetes? Y / N
4. Is your total cholesterol > 200mg/dl? Y / N
5. Do you smoke? Y / N
6. Has a doctor ever told you that you have high blood pressure? (>140/90) Y / N

Symptoms or Signs Suggestive of Disease

1. Have you experienced unusual pain or discomfort in your chest, neck, jaw, arms, or other areas that may be due to heart problems? Y / N
2. Have you experienced unusual fatigue and/or shortness of breath at rest, during usual activities, or during mild exertion? Y / N
3. Have you had any problems with dizziness or fainting? Y / N
4. When you stand up, or sometimes during the night while you are sleeping, do you have difficulty breathing? Y / N
5. Have you experienced an unusual and rapid throbbing or fluttering of the heart? Y / N
6. Do you suffer from swelling of the ankles (ankle edema)? Y / N
7. Has a doctor told you that you have a heart murmur? Y / N

Medical History

Please check which of the following conditions you currently have or have had. Also check medical conditions in your immediate family (father, mother, brothers, or sisters). Check all that apply.

Personal	Family	
q	q	Cardiovascular Disease (Heart Attack, Bypass surgery etc)
q	q	Pulmonary Disease (Asthma, Emphysema etc.)
q	q	Bone fracture
q	q	Major injury to foot, leg, knee, hip, or shoulder
q	q	Major injury to back or neck
q	q	Allergies

Any other health problems (please specify, and include information on any recent illnesses, hospitalizations, or surgical procedures):

Please

check any of the following medications you currently take regularly. Also give the name of the medication.

Medication	Name of Medication
Heart medicine	_____
Blood pressure medicine	_____
Medicine for Asthma or breathing	_____
Insulin/Medicine for diabetes	_____
Allergy medicine	_____
Other (please specify)	_____

Other Problems
Do you have any reason to believe that you should not exercise?
No ___ Yes ___ If yes, please explain.

Emergency Contact
Name _____ Phone Number _____

Physician
Name _____ Phone Number _____

WORKOUT AVAILABILITY

1. Which of the following days are you available for personal training? (Please circle)
MON. TUES. WED. THURS. FRI. SAT. SUN.

2. During which times? (be specific) Give a window of availability

*The larger the window of availability, the easier it will be to match you with a trainer.
Sessions run up to 1 hour, so please set aside sufficient time for your session*

3. In the space below list your current workout and activity schedule? Use additional sheet of paper if necessary.

PERSONAL GOALS

Please describe to us the goals you have, and the reason you are choosing Personal Training. Your Trainer will help you narrow your focus and help you set attainable goals during your consultation

I am signing up for:

Individual Training Number of sessions _____

Tandem Training Number of sessions _____

Partner name _____ (they must also fill out a packet)

Do you have a trainer preference?

Requested trainer's name _____ OR

I am not sure but would like a _____ male or _____ female

Informed Consent For Fitness Testing and Exercise Participation

The purpose of fitness testing is to evaluate cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. The cardiorespiratory fitness test involves a submaximal test that may include a bench step test, a cycle ergometer test, or a one-mile walk test. Body composition is analyzed by taking several skinfold measurements to calculate an estimated percentage of body fat. Flexibility is determined by the sit-and-reach test. Muscular strength may be evaluated by the half-sit up test and/or the endurance bench press.

I understand that I am responsible for monitoring my own condition throughout the test or exercise sessions, and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the tests and their components. I also confirm that my questions regarding the fitness testing (or personal training) program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the fitness testing (or personal training) program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any fitness tests.

Also, in consideration for being allowed to participate in the fitness testing (or personal training) program, I agree to assume the risk of such, and further agree to hold harmless the YMCA and its staff members conducting such testing from any and all claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the testing (or personal training) program.

Signature of Participant

Date

Please Print

Name: _____

Date of Birth: _____

Address: _____
 Street City State Zip

Day phone: _____ Evening phone: _____