



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE ARE HERE TO HELP

Personal Training Packet
YMCA of Greater Louisville
CLARK COUNTY FAMILY YMCA

Name: _____

Birthdate: _____

Age: _____

Gender: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____



CONGRATULATIONS

You have taken the first step toward a stronger and healthier life. The following Personal Training Packet includes all you need to begin your program.

Please complete the Goals & Intent Profile, the Health and Lifestyle Questionnaire, and the Informed Consent & Waiver. After completing your packet, return it to the front desk along with your payment.

After the packet and payment are received, you will be matched to a Personal Trainer who will contact you for your first appointment. Check out our Personal Trainer's biographies online or at the front desk.

The first appointment consists of a free consultation with your trainer reviewing your Personal Training Packet. You and your trainer will discuss your fitness goals and background in more detail. The personal trainer will also conduct a thorough Fitness Test during this first appointment. **Please come to the first appointment in workout clothes.** The consultation and fitness test are free and will not count toward your paid sessions.

Your training sessions will be scheduled between you and your trainer. **It is the member's responsibility to contact the trainer at least 24 hours in advance to reschedule any session. Failure to adequately contact the trainer will count as a paid training session.**

We are excited you've chosen to work toward achieving your personal fitness goals with us. We hope this experience will provide the spark and guidance you need for a stronger and healthier life.

Sessions that you purchase must be used within 6 months of purchase date. All personal training sessions are non-refundable.

EXERCISE GOALS & INTENT

What is your goal for exercising? (i.e. weight loss, more definition, weight gain, building muscle, strength, overall health, health issues)

What is your ultimate outcome? (In six month's time, how would you like to describe your well-being, energy, body shape and/or performance?)

Why is this outcome important to you?

Does your spouse or partner support you in your endeavor to enjoy a more fit and healthy lifestyle?

What has stopped you from either getting started or staying consistent on an exercise and nutritional program in the past?

Why or how is that going to be different this time?

Describe your interests in physical activity as an adult. What sports or activities do you enjoy the most?

Are you participating in any physical activity now? What & how often?

If not, how long has it been since you've been involved in a regular exercise program?

Is there any area of your body that you specifically want to work on?

Have you ever had a health/fitness program designed for you by a personal trainer before? If so, how long ago and what did the program consist of?

Do you have any dietary restrictions? Ex: lactose intolerant, diabetic, hypoglycemic.

How much time per week are you willing to commit to accomplishing your fitness goals?

What type of cardiovascular activity do you enjoy the most? (Treadmill, Elliptical, Bicycling, Swimming, Other)

Is there any activity you dislike?

What days and times are best available for you to workout during the week and the weekends?

Is there anything previously mentioned that would prevent you from getting started on a regular exercise program today?

Client Signature _____ Date _____

HEALTH & LIFESTYLE QUESTIONNAIRE

Member Name (please print): _____

If you circle "yes" to any of these questions, please provide details such as date of occurrence, frequency, intensity, and any other essential information. **A Medical Clearance form is necessary if you answer 'yes' to any of the first 7 questions in bold. Otherwise a Medical Clearance is not needed unless deemed necessary by your Personal Trainer.** Please answer all questions as honestly and thoroughly as possible so that we can form a clear and accurate picture of your current wellness level.

1. Yes No **Do you have a history of heart conditions or chest pain? (heart disease, pacemaker, defibrillator, heart failure). If yes, please explain and list any medications.**
2. Yes No **Do you suffer from back pain?**
3. Yes No **Are you pregnant? If so, when are you due?**
4. Yes No **Do you have diabetes?**
5. Yes No **Do you experience any dizziness or balance issues?**
6. Yes No **Do you have high blood pressure? Are you currently taking any medication to control your blood pressure?**
7. Yes No **Do you have any bone or joint problems that can be made worse by exercise?**
8. Yes No Have you ever been advised by a physician to avoid any type of exercise?
9. Yes No Do you experience frequent headaches?
10. Yes No Are you epileptic?
11. Yes No Have you ever had surgery?
12. Yes No Have you ever had any broken bones?
13. Yes No Do you experience stiff, swollen or painful joints?

14. Yes No Are you currently taking any prescribed medications, over the counter medications/supplements? Please list.

15. Yes No Do you smoke or have you smoked in the past?

16. Yes No Have you ever seen a Nutritionist /Registered Dietician?

17. What is the happiest you have been with your physical health and well-being? How old were you and how much did you weigh?

18. Are you currently under the care of a doctor? If yes, explain.

19. Have you suffered any injuries over the last six months?

20. What is the heaviest you have weighed, and how old were you at the time?

21. What time do you usually go to bed at night and wake up in the morning?

22. How many meals do you eat each day? List the number and time of day you usually eat these meals.

Client Signature _____ Date _____

INFORMED CONSENT & WAIVER

I understand that the purpose of the personal training program is to improve, develop, and maintain cardiorespiratory fitness, muscular strength, and endurance. A specific exercise plan will be given to me. This program is designed to place a gradually increasing workload on the body in order to improve overall fitness and will involve using both aerobic and strength training equipment.

I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims and suits, losses, or related causes of actions for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

Client Signature _____ Date _____

YMCA MEDICAL CLEARANCE FORM

YMCA of Greater Louisville
CLARK COUNTY FAMILY YMCA
4812 Hamburg Pike
Jeffersonville, Indiana 47130
Phone: 812.283.9622
Fax: 812.280.7136

Date: _____ Doctor's Phone: _____ Doctor's Fax: _____

To: _____ From: _____, Personal
Trainer

Name: _____ Birthdate: _____ Phone:

He/She would like to begin a personal training program at the YMCA of Greater Louisville. We wanted to check with you to see if there are any precautions that we should be aware of before starting.

The personal training programs are designed to start easy and become progressively more difficult over a period of time. All programs will be administered by qualified personnel trained in conducting exercise programs.

By completing this form below, however, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation in the exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the YMCA Personal Training Programs, please call the Clark County Family YMCA at 812.283.9622. Thank you for your time.

Report of Physician

- I know of no reason that the applicant may not participate.
- I believe the applicant can participate, but I urge caution because of:

- The applicant should not engage in the following activities:

- I recommend that the applicant not participate.

Physician: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____