

**TWINS RIVERS YMCA Personal Training Packet Please fill out the following information as completely as possible. Bring this to your first meeting with your Personal Trainer to review together. The information provided will be used to design a fitness program suitable for you.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

Physical activity should not be hazardous for most people. The "PAR-Q" questionnaire has been designed to identify those individuals who should seek medical attention prior to beginning a physical fitness program.

- |                                                                                                                                                                                                   | <b>YES</b>               | <b>NO</b>                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have high cholesterol?                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any type of heart trouble?                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you frequently have pains in your chest?                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you often feel faint, or have spells of dizziness?                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your doctor ever told you that you have a bone or a joint problem (such as arthritis) that has been or may be exacerbated by physical activity?<br>(including bursitis, bad back or knees) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have high blood pressure?                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you over 65 years of age and not accustomed to exercise?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had surgery in the past six months?                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you pregnant?                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you diabetic?                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |

11. Is there any reason not mentioned thus far, that would not allow you to, or hinder your participation in a physical fitness program?  
(explain) \_\_\_\_\_

**\*If you have answered YES to one or more of the above questions:** \*Have you consulted with your physician regarding beginning an exercise program or making an increase in your physical activity? \_\_\_\_\_ If you have not consulted with your physician, do you plan to? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently taking any medications?  
(list) \_\_\_\_\_

Lifestyle:  
Do you smoke? \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ What is your profession?  
\_\_\_\_\_

Please list your fitness/health goals:  
\_\_\_\_\_

What was your approximate weight one year ago? \_\_\_\_\_

What is your activity level?     → Sedentary (no activity at all)  
                                          → Weekend or Vacation Exerciser  
                                          → Physically active 1-2 times per week  
                                          → Physically active 3 times per week or more

If currently active, please describe exercise program: \_\_\_\_\_  
\_\_\_\_\_

I plan to workout \_\_\_\_\_ times per week. Sports/Hobbies you enjoy? \_\_\_\_\_

Have you ever lifted weights before? \_\_\_\_\_ How tall are you? \_\_\_\_\_

**Nutrition:**

Are you currently watching what you eat? \_\_\_\_\_ Do you drink water daily? \_\_\_\_\_ How much? \_\_\_\_\_  
Are you aware of how many calories you consume per day? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
Do you eat breakfast? \_\_\_\_\_ Do you eat meat? \_\_\_\_\_ Dairy? \_\_\_\_\_ Take a multi-vitamin? \_\_\_\_\_

## Notice of Understanding and Consent

By signing this consent, I acknowledge that I am informed of the following: 1. All payments must be made in full prior to the commencement of personal training program. 2. All personal training packages must be used within 6 months of purchase date. All sessions not used within 6 months are automatically forfeited. 3. No refunds will be given for unused sessions. 4. Personal Training sessions may be rescheduled; however, if less than 4-hours notice is given to your trainer, or do not show up for your session, the session missed will be counted as part of your package. 5. If your Personal Trainer is unable to keep an appointment and gives you less than 4-hours notice for the cancellation of an appointment, you will be given a free personal training session. 6. If you arrive late to your scheduled personal training session, the session will still end on time.

I, \_\_\_\_\_, understand and agree to the terms of this understanding and consent. I abide by such terms in order to begin and successfully continue my personal training program after it is initiated. I understand that I may discontinue at any time without a refund of prepaid sessions.

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Signature of Participant

Date

## Participant's Agreement

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that when I attend any TWIN RIVERS YMCA facilities or program, I do so at my own risk. I release the YMCA, its staff, directors, officers, and agents from all liability for any injury, or damage connected in any way whatsoever to participation in YMCA activities, whether on or off YMCA premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the YMCA, its staff, directors, officers, members, agent's representatives or guest. I authorize the staff to the TWIN RIVERS YMCA, or appropriate medical personnel, to administer emergency medical treatment to my child or myself. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the TWIN RIVERS YMCA to use photographs of my child or myself in YMCA brochures, flyers, photo collections and other marketing initiatives. I have read, understand and voluntarily sign this agreement.

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Signature of Participant

Date

