

**Mattoon Area Family YMCA
Neal Center YMCA**



Personal Training Interest Packet

Please fill out the information in this packet and return it to the Welcome Desk or email Emily at ehayden@mattoonymca.org. The information requested in this interest packet is necessary for the YMCA to provide you with the safest program possible. *Your safety is our number one concern.* After you have returned your packet to the YMCA, you will receive a call within 48 business hours.

Personal Training is by appointment only. You will work with your trainer to find a schedule that is compatible with both of you.

If you are 65 or older and not currently exercising you will need to have your doctor sign the medical clearance form. If you have a heart condition, have recently had surgery, are pregnant, or have diabetes you will need to have your doctor sign the medical clearance form.

Trainer Assigned: _____

Personal Contact Information

Name: _____

Primary Phone: _____ (home/cell/work) Best time to call: _____

Secondary Phone: _____ (home/cell/work) Best time to call: _____

Birth date: _____ M/F: _____

Personal Physician: _____ Phone: _____

Person to contact in case of an emergency:

Name: _____

Phone: _____ (HM/WK) Relationship: _____

Reason you have decided to begin Personal Training:

What time of day to you prefer to train?

.....

If you are under 18 years of age a parent or guardian must fill out and sign the following:

I, _____, the parent or guardian of _____ have read all of the information within the Personal Training Client Interest Packet. I understand the costs, the process, and the potential risks involved in the YMCA Personal Training Program. I agree to allow my child to participate in the assessments and exercise program designed by the Personal Trainer.

Signed: _____

The YMCA offers various packages for personal training. *Sessions must be paid for prior to training.* Sessions can last between 30 and 60 minutes and will take place at the YMCA. You and your Personal Trainer will determine the day and time of your sessions.

If you are training with someone else please indicate their name(s) here:

Available Packages:

- Single Session Package**—If you're not sure you want to commit to personal training on a regular basis, you can purchase this package to meet with a trainer to discuss your goals, take measurements, and set up a basic workout routine/schedule that you would implement on your own. This package can also be used to add on single sessions to your training. The session expires one year after date of purchase.

Single Session - \$45

4-12 Session Packages—Ready to commit? Purchase a 4, 8, or 12-session package based on your level of commitment. The trainer will meet with you to discuss your goals and take measurements. You will then schedule sessions with your trainer based on your availability. Each workout will be designed specifically for you to help you reach your goals. Your trainer will monitor your progress using a variety of methods including body weight, body fat percentage, weight load, cardiovascular endurance, etc. The package expires one year after date of purchase.

4-Session Package - \$170

8-Session Package - \$320

12-Session Package - \$445

- Partner Personal Training**—Working out is always more fun with a friend. You and a friend can enjoy the same benefits as personal training (assessments, progress monitoring, reaching goals, etc.) with this package. The prices below are broken down to the cost per person. Both participants will need to register for the same size package. Sessions expire one year after date of purchase.

Single Session - \$36

4-Session Pkg - \$135

8-Session Pkg - \$240

12-Session Pkg - \$345

Do you request a certain trainer? If so, who? _____

Exercise/Dietary History

Please describe your current exercise program:

Yes No

___ ___ Have you used strength training machines before?

___ ___ Have you used dumbbells or barbells before?

___ ___ Have you suffered from an exercised related injury? If yes please describe:

___ ___ Are you currently following any dietary recommendations from a physician or dietician?

Medical History

The following questions are intended to obtain relevant information about your health that will assist your Personal Trainer in helping you with your exercise program. Please answer all questions to the best of your ability. If there are any questions you feel uncomfortable putting on this form, you can opt to discuss them directly with your trainer by making note of your wishes.

Yes No

___ ___ Are you currently taking medication that could interfere with exercise?

If yes, what kind and purpose _____

___ ___ Have you ever had a heart condition. If so, please explain. _____

___ ___ Do you have high blood pressure?

___ ___ Do you have arthritis?

___ ___ Have you recently (1 year) had surgery? If so what kind: _____

___ ___ Do you have diabetes?

___ ___ Have you ever had an episode of exercise induced asthma?

___ ___ Do you often experience dizziness or faintness?

___ ___ Are you pregnant?

___ ___ Do you have low bone density or osteoporosis?

___ ___ Do you smoke?

___ ___ Do you have any other health-related conditions or limitations your trainer should be made aware of? _____

Medical Clearance Form

Dear Doctor:

_____ has applied for enrollment in the Personal Training Program at the YMCA. The Personal Training program involves muscular strength and endurance tests. It also evaluates muscle imbalances and problems. The exercise programs are designed to start easy and become progressively more difficult over a period of time. Qualified personnel trained in conducting exercise tests and creating programs will administer all fitness tests and exercise programs.

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

Any questions about the YMCA Personal Training Program and/or exercise programs may be directed to Emily Hayden, Sports and Wellness Senior Program Director, 217-234-9494.

Report of Physician

___ I know of no reason why the applicant may not participate.

___ I believe the applicant can participate, but I urge caution because:

___ I believe the applicant should not engage in the following activities:

___ I recommend that the applicant NOT participate.

Physician signature _____ Date _____

Address _____ Telephone _____

City and state _____ Zip _____

Personal Training Cancellation and Expiration Policy

If for any reason you must reschedule a session with your Personal Trainer you must contact your trainer at least 24 hours before your scheduled session. If you do not give 24 hours notice when canceling a session you may be charged the full price for that session.

Personal Training sessions expire one year from date of purchase. Any sessions not used within that time frame are no longer able to be redeemed.

I, _____, have read the Personal Training Cancellation and Expiration Policy. I understand the policy and understand I may be charged for improperly cancelled sessions and my sessions will expire one year from date of purchase.

(Signature of Participant)

Date: _____