

Y NEW CANAAN YMCA PERSONAL TRAINING Y
PRE-EXERCISE QUESTIONNAIRE

Please return to the New Canaan YMCA Fitness Office. Fax: 1-203-972-7738
Questions contact 1-203-966-4528, x123, x126, or x127.

Date: _____

Name: _____

Name of parent if client is under 18 years old _____

Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

1. Are you new to exercise and what is your main goal?

Ex. weight loss, build strength, train for an athletic event, or other.

2. Do you have any special requests or considerations (prefer male or female trainer, do you know the name of the trainer you want, any other...?) _____

3. What are the best days and times for you to have sessions?

If possible, list more than one option.

4. How many times per week do you want to meet with your trainer?

1 session/week _____ 2 sessions/week _____ 3 or more sessions/week _____

Which package are you purchasing? (See the brochure for more a detailed package explanation.) *All packages include one fitness evaluation (maximum 4 per year)*

1 session \$67 _____

3 sessions \$201 _____ *For first- time clients only. The Motivation packet*

5 sessions \$325 _____

10 sessions \$620 _____

20 sessions \$1160 _____

2 person 1 trainer packages (note: 2 people must have the same goals)

Name of other person: _____

1 session \$103 _____

3 sessions \$309 _____ *For first- time clients only. The Motivation packet.*

5 sessions \$484 _____

10 sessions \$934 _____

20 sessions \$1764 _____

All prices subject to change please check the most recent brochure for the most up to date prices.

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Medical History

Do you have a physician? Yes _____ No _____

Physician's Name: _____

Address: _____

Phone: _____

When was the date of your last physical? _____

What was your last blood pressure reading? _____/_____

Have you ever had a stress test? Yes _____ No _____

Dates: _____

Results: Normal _____ Abnormal _____

Are you currently taking any medications? Yes _____ No _____

If yes, please list... Medications and Reasons for taking

Please check Yes or No to the following:

- | | | |
|------------|-----------|---|
| <u>Yes</u> | <u>No</u> | |
| _____ | _____ | Heart Disease |
| _____ | _____ | Heart Attack: If Yes, dates: _____ |
| _____ | _____ | Diagnosed Heart Murmur |
| _____ | _____ | High Blood Pressure _____/_____ |
| _____ | _____ | High Cholesterol: Level _____ total _____ HDL _____ LDL |
| _____ | _____ | Diabetes |
| _____ | _____ | Thyroid Condition |
| _____ | _____ | metabolic disease |
| _____ | _____ | Smoking (cigars or cigarettes) How many per day? _____ |
| _____ | _____ | Overweight for Height |
| _____ | _____ | Orthopedic Condition or Injury: Please specify |

Family History:

<u>Yes</u>	<u>No</u>	<u>Relation</u>	<u>Age of Onset</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have filled out the above information completely and to the best of my knowledge.

Name (please print): _____

Name (please sign): _____ Date: _____

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Informed Consent Form for Exercise Participation

I desire to engage voluntarily in a YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio-respiratory and musculoskeletal systems and to thereby attempt to improve their function. The reaction of these systems to such activities can't be predicted with complete accuracy. There is risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that if I am taking any medications, I should check with my physician to learn how it may affect my exercise. I also acknowledge that I am responsible for monitoring my own conditions throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform my instructor and doctor of my symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in a YMCA exercise program, 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, suits, losses, or related causes of action 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.

SIGNS OF OVERDOING IT - - STOP EXERCISE AND INFORM STAFF

- *musculoskeletal problems aggravated by exercise
- *irregular heart rate following exercise
- *undue fatigue during exercise
- *tightness of chest or pain referred to teeth, arm, jaw, ear, or upper back
- *nausea
- *difficulty breathing
- *dizziness or staggered walk

Signature of Participant _____ Date _____

Signature of Physician _____ Date _____

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DETACH THIS FORM and
KEEP FOR YOUR RECORDS

Personal Training Rules

- Appointments must be cancelled 24 hours in advance, or sessions may not be made up.
- 1-10 session packages must be used within six months of purchase date.
- 20 session packages must be used within one year of purchase date.
- All sessions expire and no refunds issued after designated use periods.
- Personal training at our facility is permitted only by New Canaan YMCA Personal Trainers.
- Once you are assigned a trainer you must contact them directly if you need to cancel or change your appointment.

Your Trainer's Name _____

Your Trainer's Phone Number _____