



NEW CANAAN YMCA PERSONAL TRAINING
PRE-ACTIVITY SCREENING QUESTIONNAIRE

Questions contact: Eva Saint, Wellness Director.

Fax: Attn: Eva Saint, 203-972-7738, Email, esaint@newcanaanymca.org, Direct Line, 203-920-1623.

DETACH THIS FORM and
KEEP FOR YOUR RECORDS

Personal Training Policies

- 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 Y 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 _____

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Fax: Attn: Eva Saint, 203-972-7738, Email, esaint@newcanaanymca.org, Direct Line, 203-920-1623.

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 (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 _____

5. Which package are you purchasing?

	Member/Non-member	
1 session	\$80/\$100	_____
Welcome Back Package	\$165/\$225	_____ (3 sessions at introductory rate for first time clients)
5 sessions	\$390/\$490	_____
10 sessions	\$760/\$960	_____
20 sessions	\$1,460/\$1,860	_____

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

Name of other person: _____

	Member/Non-member	
1 session	\$60/\$75 per person	_____
5 sessions	\$290/\$365 per person	_____
10 sessions	\$560/\$710 per person	_____
20 sessions	\$1060/\$1360 per person	_____

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



NEW CANAAN YMCA PRE-ACTIVITY SCREENING QUESTIONNAIRE – SELF-GUIDED

Instructions:

Please complete this form and then refer to the Summary/Recommendations.

Current Physical Activity

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

Note: Moderate intensity activity causes noticeable increases in heart rate and breathing such as walking at a brisk pace

Yes – Please proceed to the next page (Physically Active Participants)

No – Please complete the items below.

Section 1 – Medical Conditions

Please check the box (✓) for any of the following medical conditions that you have had or currently have.

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Abnormal heart rhythm
- Pacemaker/implantable cardiac defibrillator
- Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
- Renal (kidney) disease
- Type 1 or Type 2 Diabetes

Section 2- Signs or Symptoms

Please check the box (✓) for any of the signs/symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

Summary/Recommendations:

Did you check any of the items in Section 1 or in Section 2?

Yes



- Medical clearance* is recommended
- After obtaining medical clearance, begin with moderate** intensity exercise and/or follow recommendations from healthcare provider

No



- Medical clearance* is not necessary
- Begin with light* to moderate** intensity exercise

* **Medical Clearance** -- approval from a healthcare professional to engage in physical activity

* **Light Intensity** – an activity that causes slight increases in heart rate and breathing

** **Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing



NEW CANAAN YMCA PRE-ACTIVITY SCREENING QUESTIONNAIRE PHYSICALLY ACTIVE PARTICIPANTS

Section 1 – Medical Conditions

Please check the box (✓) for any of the following medical conditions that you have had or currently have.

- Heart attack
- Heart surgery
- Coronary angioplasty (PTCA)
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Abnormal heart rhythm
- Pacemaker/implantable cardiac defibrillator
- Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
- Renal (liver) disease
- Type 1 or Type 2 diabetes


Section 2- Signs or Symptoms

Please check the box (✓) for any of the signs/symptoms that you have recently experienced.


- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

Summary/Recommendations:


1. Did you check any of the items in Section 1 or in Section 2?

- No** 
- Medical clearance* is not necessary
 - Continue with moderate* or vigorous** intensity exercise

2. Did you check any of the items in Section 1?

- Yes** 
- Medical clearance* is not necessary for continuing moderate* intensity exercise
 - Medical clearance* is recommended before engaging in vigorous** intensity exercise

3. Did you check any of the items in Section 2?

- Yes** 
- Discontinue physical activity and seek medical clearance*
 - After obtaining medical clearance, may return to physical activity following recommendations from healthcare provider

+ **Medical Clearance** -- approval from a healthcare professional to engage in physical activity
***Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing
****Vigorous Intensity** -- an activity that causes substantial increases in heart rate and breathing



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Physician's information

Physician's Name: _____

Address: _____

Phone: _____ Fax number: _____

Are you currently taking any medications? Yes _____ No _____

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

Please list orthopedic or any other conditions you may have:

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

*Name (please print): _____

*Name (please sign): _____ Date: _____

*If under the age of 18yrs must be Parent's name and Signature



NEW CANAAN YMCA PERSONAL TRAINING
MEDICAL CLEARANCE FORM

Please return to Eva Saint, Wellness Director.

Fax: Attn: Eva Saint, 203-972-7738, Email, esaint@newcanaanymca.org, Direct Line, 203-920-1623.

Your patient _____ would like to participate in the exercise/ fitness programs at the New Canaan YMCA, a **non-clinical health/fitness facility** that provides a variety of exercise/fitness activities. To comply with pre-activity screening recommendations established by the American College of Sports Medicine, we have all participants complete a brief health history questionnaire (PASQ). Based on the responses to the PASQ, your patient needs to obtain medical clearance prior to participating in our exercise/fitness programs. Once completed and signed by you, your patient can return this clearance form to me or you can fax it to me at 203-972-7738. If you have any questions, please feel free to contact me at 203-920-1623 or esaint@newcanaanymca.org.

Thank you,
Eva Saint, M.S. Exercise Science, Wellness Director

Please check (✓) one of the following:

- Not cleared to exercise at this facility – should be referred to a clinically supervised exercise program
- Cleared to exercise at this facility
 - Please check (✓) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations
 - Light (<57 to < 64% HR max)
 - Moderate (64 to < 76% HR max)
 - Vigorous (76 to < 96% HR max)
 - Near Maximal to Maximal (≥ 96% HR max)

Restrictions/Limitations:

Physician's Name (printed)

Physician's Signature

Phone number

Date



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Informed Consent Form for Exercise Participation

I desire to engage voluntarily in a New Canaan 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 cannot 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 New Canaan YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the New Canaan 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 Adult Participant _____ Date _____

Signature of Minor's Parent _____ Date _____