

Boonslick Heartland YMCA



PERSONAL TRAINING INTEREST PACKET

Please fill out the information in this packet and return to the welcome desk. If completing this online, it may be emailed to angiep@bhymca.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 the packet, we will strive to reach out to you within 48-72 hours.

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

Date received by staff _____

Date personal trainer or wellness director contacts member _____

Trainer name _____

Personal Contact Information

Name _____

Primary Phone _____ Best time to call _____

Birth date _____ M/F _____

Personal Physician _____ Phone _____

Person to call in case of an emergency:

Name _____

Phone _____ Relationship _____

Reason you have decided to begin Personal Training:

What time of day would you prefer to train?

What else would you like to share prior to meeting your trainer?

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.

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.
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- 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 with your trainer by making note of your wishes.

Yes No

- Are you currently taking any medications 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?
- Any surgeries in the last 12 months? What kind?
-
- Do you have diabetes?
- Have you ever experienced exercise induced asthma?
- Do you often experience dizziness or faintness?

Medical History Continued...

- 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? _____

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 you scheduled session. If you do not give 24 hours notice when canceling a session you MAY be charged the full price of that session.

Personal Training sessions expire one year from the 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 charge for improperly cancelled sessions and my sessions will expire one year from the date of purchase.

Signature _____

Date _____