



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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Personal Training Questionnaire

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Personal Training Questionnaire

Instructions: Please complete the following questions. The fitness program designed for you will be based on the information you provide. Upon completion of this form, please return it to the Member Services desk. After a personal trainer has reviewed this form, they will contact you to set up your first training session.

Name: _____ Date: _____

Phone Number: _____ Work Number: _____

Address: _____

Email Address: _____

Employer/Occupation: _____

Age: _____ Height: _____ Weight: _____

Please list an emergency contact:

Name: _____ Phone: _____

Address: _____

Relation: _____

Please describe your personal fitness goals:

How long have you been exercising regularly?

____ Years ____ Months ____ Weeks ____ Days

What type(s) of regular activities are you presently involved in?

- ____ Strength training with machines (Nautilus, Cybex, Matrix, Strive, etc.)
- ____ Strength training with free weights
- ____ Strength training with home equipment (hand weights, bands, ankle weights, etc.)
- ____ Cardiovascular equipment (treadmill, stair climber, elliptical, bike, etc.)
- ____ Running/Walking without equipment
- ____ Fitness classes or fitness videos at home
- ____ Sporting activities (tennis, golf, racquetball, etc.)
- ____ Other: _____
- ____ None

How often do you do this routine? _____ (days per week)

Normal length of workout? _____ (hours or minutes)

Do you enjoy working out? _____

How many continuous minutes can you spend exercising aerobically? (jogging, walking, biking, etc)

_____ Don't know _____ Less than 20 _____ 20-40 _____ 40-60 _____ 60+

What exercise activities are you interested in that are offered at the YMCA?

_____ Biking	_____ Treadmill	_____ Elliptical
_____ Fitness Classes	_____ Rowing	_____ Jogging
_____ Walking	_____ Swimming	_____ Free Weights
_____ Water Exercises	_____ Basketball	_____ Stair Climber
_____ Circuit Training	_____ Other:	

Are there activities that you did not check that you would be reluctant to do?

_____ No _____ Yes, because _____

Are you looking for continual or periodic personal training?

_____ Continual _____ Periodic Training _____ Not sure, let's talk about this

How much time are you willing to spend working out on your new program?

_____ Number of days/week _____ Hours or minutes per workout

When can you train with a trainer?

_____ Daytime _____ Evening _____ Either Day or Evening

Describe any medical conditions or physical limitations you have which may require special attention in your personal exercise program:

Are you motivated when it comes to exercise? _____ Yes _____ No _____ Somewhat

Please list any questions or concerns you may have (include reasons for not wanting a total body exercise routine, if this applies to you). Also, list obstacles that may hinder you from obtaining your fitness goals:

How did you hear about the personal training program?

_____ Referral from friend _____ Brochure _____ YMCA Staff

_____ Inquired _____ Other (please explain): _____

Informed Consent for Fitness Testing and Exercise Participation

Name: _____
(please print)

1. Fitness Testing

The purpose of the fitness testing program is to evaluate cardiorespiratory fitness, body composition, flexibility and muscular strength. The cardiorespiratory fitness test involves a submaximal test that may include a bench step test, a cycle ergometer test or a one mile walk test. Body composition is analyzed by taking several skinfold measurements to calculate percentage of body fat. Flexibility is determined by a sit-and-reach test. Muscular strength may be determined by an upper-body bench press test or a lower-body leg extension test. Muscular endurance may be evaluated by the one-minute, bent-knee sit-up test or the endurance bench press test.

2. Exercise Participation

I desire to engage voluntarily in the 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 system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a 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 the purpose of the exercise program is to improve, develop, and maintain cardio respiratory fitness, body composition, flexibility, muscular strength, and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctors recommendations. All exercise programs include warm-up, exercise at target heart rate and cool-down. The programs may involve walking, jogging, swimming or cycling (outdoor or stationary); participation in fitness, rhythmic aerobic exercise or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercising to target heart rate and rate of perceived exertion.

I affirm that I am responsible for monitoring my own condition throughout the tests and/or exercise program and should any unusual symptoms occur, I will cease my participation and inform my instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety, and that I understand the descriptions of the tests and their components. I also affirm that my questions regarding the fitness testing program have been answered to my satisfaction.

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

Also, in consideration for being allowed to participate in the fitness training and/or exercise program, I agree to assume the risk of such testing or exercise, and further agree to hold harmless the YMCA and its staff members conducting such testing and/or 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 testing or exercise program.

Signature of Participant

Date

Person Administering Test

Date

Personal Trainer

Date

Notice of Understanding and Consent

By signing this consent, I acknowledge that I am informed of the following:

1. All pre-paid personal training sessions must be used within one year of purchasing. Prior to the one-year expiration, you, the client, may arrange with your trainer, at your trainer's discretion, to extend sessions past one year. If such arrangement is not made, all sessions not used within one year are automatically forfeited without further notice to you, the client.
2. No refunds are given for unused, prepaid sessions for any reason.
3. Please be advised that training sessions may be rescheduled; however, you must give no less than 24 hour notice to your trainer if you cannot make a session. If you give less than 24 hour notice or do not show for a session, you will be held responsible for payment of that missed session.

I, _____, understand and agree to the terms of this understanding and consent. I will 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 training at any time without a refund of pre-paid sessions.

Signature of Participant

Date

PAR-Q & YOU:

Physical Activity Readiness Questionnaire for People Aged 15-69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming much more physically active.

If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your physician before you start. If you are over 69 years of age, and you are not used to being very active, check with your physician first. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your physician ever said you have a heart condition and that you should only do physical activity recommended by a physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not do physical activity? |

If you answered **YES** to one or more questions:

Talk with your physician by phone or in person **BEFORE** you start becoming much more physically active or have a fitness appraisal. Tell your physician about the PAR-Q and which questions you answered yes.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk

- with your physician about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

If you answered **NO** to all questions:

If you honestly answered NO to all the PAR-Q questions, you can be reasonable sure that you can:

- Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness level so that you can plan the best way for you to live actively.

Delay becoming much more active if:

- You are not feeling well due to a temporary illness such as a cold or fever. Wait until you feel better; or,
- You are or may be pregnant. Talk to your physician before you start becoming more active.

***Please note: If your health changes so that you answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.**

*Informed use of the PAR-Q: The Canadian Society for Exercise Physiology. Health Canada, and their agents assume no liability for person(s) who undertake physical activity, and if in doubt after completing this questionnaire, consult your physician prior to physical activity.

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