



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Training

At the Y, we believe in helping people reach their God-given potential in spirit, mind and body. Discover your own potential through personal training and accomplish goals you may have never thought possible.

Motivation and accountability are at the core of personal training. Our trainers are here to stand beside you at every physical challenge, encouraging you to try your hardest and keeping you on track. Through personal attention and expert advice, a trainer designs a progressive plan to help you achieve maximum results and avoid injury. Your trainer will be your source of motivation, encouragement, accountability, and a resource for the latest information.

As qualified professionals, our trainers hold nationally accredited certifications, college degrees and years of experience. Get the results you're looking for by booking a trainer to create powerful and effective workouts while efficiently managing your time.

Personal training has proven results—what are you waiting for?

Pricing & Packages

	Members	Potential Members
1 One Hour Session	\$45	\$65
4 One Hour Sessions	\$175	\$255
8 One Hour Sessions	\$345	\$505
12 One Hour Sessions	\$500	\$720
1 Half Hour Session	\$35	\$45
4 Half Hour Sessions	\$135	\$175
8 Half Hour Sessions	\$265	\$345
12 Half Hour Sessions	\$390	\$580

Small Group Training

Small Group Training is offered year-round. 2-4 Members per Group.

1 Hour Group Session	\$30/ea
4 Hour Group Sessions	\$115/ea
8 Hour Group Sessions	\$225/ea
12 Hour Group Sessions	\$330/ea

To book a Personal Trainer, see the Welcome Desk or contact Lisa Myers 336-996-2231. Ext 6402.

**Unused Personal Training sessions expire 6 months from date of purchase.
Personal Training sessions are non-refundable.**

KERNERSVILLE FAMILY YMCA

1113 W MOUNTAIN STREET, KERNERSVILLE, NC 27284

P 336-996-2231 F 336-996-8605 <http://ymcanwnc.org/locations/kernersville-family-ymca/>

Our Mission: "Helping people reach their God-given potential in spirit, mind and body."



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Personal Training Registration Form

Client Information

Name _____ Date of Birth ____/____/____ Weight ____ Gender M F
 Address _____ City _____ State ____ Zip _____
 Phone _____ Email _____
 Physician Name _____ Phone _____
 Emergency Contact _____ Phone _____

PAR-Q

1. Has your doctor ever said you have a heart condition and you should only do activity recommended by a doctor? Yes No
2. Do you feel pain in your chest when you do physical activity? Yes No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have a bone or joint problem that will be made worse by a change in your physical activity? Yes No
6. Is your doctor currently prescribing medication for your blood pressure or heart condition? Yes No
7. Do you know of any other reason why you should not do physical activity? Yes _____ No

Fitness Goals

_____ Improve Strength _____ Reduce Stress _____ Improve Flexibility
 _____ Improve Cardiovascular Fitness _____ Lose Weight _____ Stop Smoking/Drinking
 _____ Improve Muscle Tone/Definition _____ Injury Prevention _____ Improve Eating Habits
 _____ Rehabilitate Injury _____ Gain Weight/Muscle _____ Increase Energy

Is there any additional information your trainer should know about you? _____

Client Preferences

1. What are your preferred days/times for sessions?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time(s)							

2. Hour or Half Hour Sessions _____
3. Trainer preference? (Male vs Female, specific trainer's name, etc.) _____
4. How would you like to be contacted? Phone Email

Client Expectations

1. Personal training sessions must be purchased before appointments.



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- Please be ready to begin each training session at the scheduled appointment time.
- Contact your trainer directly within 24 hours of scheduled appointment if needing to cancel.
- Client is responsible for payment if 24 hour notice is not given or client does not show for an appointment.

Medical History

- Circle any who have had a heart attack before age 50:

Father Mother Brother Sister Grandparent

- Date of last physical exam: _____

- Please list any operations you have had: _____

- Please circle any of the following for which you have been diagnosed or treated by a physician or health professional, and/or have experienced during exercise:

Alcoholism	Anemia	Asthma	Back Strain	Bleeding Trait
Bronchitis	Cancer	Cirrhosis	Concussion	Congenital Defect
Diabetes	Dizziness/Faint	Emphysema	Epilepsy	Eye Problems
Gout	Hearing Loss	Heart Problem	High Blood Pressure	Hypoglycemia
Hyperlipidemia	Joint Pain	Kidney Problems	Mental Illness	Neck Strain
Obesity	Phlebitis	Rheumatoid Arthritis	Stroke	Thyroid Problem
Ulcer	Infectious Mononucleosis	Other _____		

- Circle all medicine taken within the last 6 months:

Blood Thinner	Diabetic Pill	Diuretic	Digitalis	Epilepsy Medication
Insulin	Heart Rhythm Med.	High Blood Pressure Med.	Other _____	

- Do you currently smoke? Yes No If yes, how many per day? _____
- Do you exercise regularly? Yes No
- If yes, what type and how often? _____
- If no, how long have you not been? _____

Waiver and Consent to Participate

I desire to voluntarily engage in YMCA Personal Training to improve my physical fitness. Specific exercises will be given to me based on my needs and interests, as well as my doctor's recommendations. The purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance.

I understand that I am fully responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform my trainer. In consideration for being allowed to participate in YMCA Personal Training, I agree to assume all risk of such exercise and further agree to hold harmless the YMCA of Northwest North Carolina and its staff 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. Unused Personal Training sessions expire 6 months from date of purchase. Personal Training sessions are non-refundable.

Signature _____ Date _____