



GET STARTED WITH PERSONAL TRAINING TODAY

All workouts are not created equal! Reach your wellness goals with a certified trainer.

RATES & PACKAGES

	Members	Potential Members
One Hour Session	\$35	\$70
4 One Hour Sessions	\$130	\$260
8 One Hour Sessions	\$230	\$460
12 One Hour Sessions	\$320	\$640
1 Half Hour Session	\$20	\$40
4 Half Hour Sessions	\$65	\$130
8 Half Hour Sessions	\$115	\$230
12 Hal Hour Sessions	\$160	\$320
1 Hour Group (2-5 Members)	\$25/ea	\$50/ea
4 Group Sessions	\$85/ea	\$170/ea
8 Group Sessions	\$155/ea	\$310/ea
12 Group Sessions	\$225/ea	\$450/ea

Whether you are trying to lose weight, conditioning yourself for a sports activity or simply desire to improve your overall fitness, a Y personal trainer adds a hands-on, dynamic relationship to your wellness routine.

A personal trainer prepares your workout agenda, motivates you to do your best, keeps you accountable and encourages you to try new things. Our trainers personalize workouts based on your lifestyle—from working professionals to athletes to new moms and more. You'll achieve maximum results and avoid injury with a Y personal trainer on your side!

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

QUESTIONS? Please contact Christy Harrington, Branch Program Director at c.harrington@ymcanwnc.org

SIGN-UP FOR 4 OR MORE PERSONAL TRAINING SESSIONS & RECEIVE A FREE 30 MINUTE FITNESS ASSESSMENT

PERSONAL TRAINING FORM

Date of Registration: __/__/20__

CLIENT INFORMATION (Please print legibly.)

Name (first/middle/last) _____ Male Female Birth date ____/____/____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Physician Name _____ Phone _____

Emergency Contact _____ Phone _____

MEDICAL HISTORY

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

Father Mother Brother Sister Grandparent

2. Date of last physical exam: _____

3. Please list any operations you have had: _____

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

5. Circle all medicine taken within the last 6 months:

Blood Thinner	Diuretic	Epilepsy Medication	Heart Rhythm	Other:
Diabetic Pill	Digitalis	Insulin	High Blood Pressure	

6. Do you currently smoke? Yes No If yes, how many per day? _____

7. Do you exercise regularly? Yes No

If yes, what type and how often? _____

If no, how long have you not been exercising? _____

PERSONAL TRAINING FORM

Date of Registration: __/__/20__

PAR-Q

1. Has your doctor ever said that you have a heart condition and that you should only do physical 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

PERSONAL FITNESS GOALS (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Improve Strength | <input type="checkbox"/> Stop Smoking/Drinking | <input type="checkbox"/> Gain Weight/Muscle |
| <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Improve Muscle Tone/Definition | <input type="checkbox"/> Increase Energy |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Injury Prevention | Additional Goals: |
| <input type="checkbox"/> Improve Cardiovascular Fitness | <input type="checkbox"/> Improve Eating Habits | |
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Rehabilitate Injury | |

CLIENT EXPECTATIONS

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

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.

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

Signature: _____ Date: _____