



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Personal Training Questionnaire

John E Alexander South Wood County YMCA
601 W Grand Ave, Wisconsin Rapids WI 54495
Phone: 715 818 9622 **Fax:** 715 887 3262

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www.swcymca.org

Personal Training Questionnaire

Name: _____ Date: _____

Phone Number: _____

Address: _____

Email Address: _____

Employer/Occupation: _____

Age: _____ Height: _____ Weight: _____

Please list an emergency contact:

Name: _____ Phone: _____

Address: _____

Relation: _____

What is your why? This is a time to be vulnerable and express what you are really looking for during your fitness journey. (Only our trainers and you will ever see this page.)

Do you exercise regularly? _____ Yes _____ No

How long have you been exercising regularly?

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

If not involved in regular exercise, which of these activities interest you?

- _____ Strength training with free weights/Machines
_____ Strength training with home equipment (hand weights, bands, ankle weights, etc.)
_____ Cardiovascular equipment (treadmill, stair climber, elliptical, bike, etc.)
_____ Running/Walking
_____ Fitness classes
_____ Sporting activities (tennis, golf, racquetball, etc.)
_____ Other: _____
_____ None

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

Are you on any medications?

____ Yes

____ No

Please list them:

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 often do you want to meet with your personal trainer?

_____ Number of days/week

What's Next?

1. Turn this packet in with the Membership Services desk.
2. Expect a phone call from the Healthy Living Director to schedule a time to discuss personal training goals and establish expectations of training. From this conversation, the Director will pair you with a Personal Trainer.
3. Your trainer will reach out to schedule a 1-on-1 consult. In this consult, you will further discuss your goals, limitations and ideas for programming to help you have the best experience.

Rates:

Personal Training (60 minute sessions)

- 1 Session - \$55
- 5 Sessions - \$230
- 10 Sessions – \$400
- 16 Sessions - \$600

Nonmember Rates

- 1 Session - \$70
- 5 Sessions - \$300
- 10 Sessions - \$550
- 16 Sessions - \$800

- **Train Your way: Receive 4 weeks of online coaching and access to 1 Inbody scan per 4 weeks/month.
1 Month: \$120 Members | \$150 Non-members**

Inbody Consultations (20 minutes)

- 1 Session - \$40
- 2 Sessions - \$70
- 6 Sessions - \$180
- 12 Sessions - \$300

Nonmember Rates

- 1 Session - \$80
- 2 Sessions - \$140
- 6 Sessions - \$360
- 12 Sessions - \$600

Inbody composition analysis is included with purchase of 5 or more personal training sessions

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Informed Consent for Fitness Testing and Exercise Participation

Name: _____
(please print)

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

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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

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:
You must 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.

Signature of Participant

Date

*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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