PERSONAL TRAINING AT CROZET YMCA

Welcome to personal training at the Crozet YMCA! Our personal trainers look forward to working with you and helping you meet your wellness goals!

Personal Training is more than just having someone tell you what exercises you should do. Our nationally certified trainers design an individually specialized workout plan that will meet your specific goals – whatever they are. The following interest form and health screening information will help us learn about your health and wellness goals and match you with the right trainer to set you on your way to meeting those goals.

These are the steps to get started:

1. Complete and return the Personal Training Packet, including:
   - Personal Training Interest Form
   - Pre-participation Screening Questionnaire
   - Informed Consent / Personal Training Policies
   - PAR-Q

2. Submit paperwork to Front Desk

3. When we receive your packet, you will receive a phone call or email within 2-4 days to schedule your free consultation. This is a time to talk with your trainer, review your paperwork and set goals. You can purchase a training package at the Front Desk before or after your consultation with your trainer.

4. Your first training session will be scheduled directly with your trainer.

If you have any questions, please contact:

Richard Holmes
Wellness Director
rholmes@piedmontymca.org
PERSONAL TRAINING INTEREST FORM

Name: _______________________________ Phone: _______________________________

Email: _______________________________

Trainer Preference:  □ No preference     □ Specific trainer: __________________________

How many days per week would you like to meet with a trainer?  □ once  □ twice  □ three times  □ not sure

When would you like to meet with a trainer (mark preferred days/times)?


□ Early morning (6:00am – 9:00am)  □ Late morning (9:00am – 12:00pm)

□ Afternoon (12:00pm – 4:00pm)  □ Evening (4:00pm – 9:00pm)

GOAL SETTING AND HEALTH HISTORY INFORMATION

1. Why do you want to work with a personal trainer? ________________________________

2. Rank your top 5 goals (1 = most important):

   □ Add variety to my workout  □ Increase energy  □ Reduce body fat
   □ Build muscle  □ Increase flexibility  □ Reduce stress
   □ Improve balance  □ Injury rehab  □ Sports specific training
   □ Improve endurance  □ Lose weight: _____ pounds  □ Tone muscle
   □ Improve overall health  □ Pre/post natal  □ Other: ________________
   □ Improve technique/knowledge

3. What things would you like to improve in regard to your overall well-being? ________________________________

4. What is your current fitness level?  □ Not active  □ Occasionally  □ Often  □ Always  □ Used to be

5. What types of activities do you currently participate in, or have you enjoyed in the past?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Times per week</th>
<th>Avg. length of each session</th>
<th>Level of participation (easy, moderate, hard)</th>
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6. Have you had a physical exam in the last year?  □ No  □ Yes

7. Does your physician approve your participation in a fitness program?  □ No  □ Yes

8. Do you have any conditions/injuries (previous or current) we should know about?  □ No  □ Yes, explain: ________________________________

__________________________________________
__________________________________________

Crozet YMCA, 1075 Claudius Crozet Park, Crozet, VA 22932
P 434 205 4380 F 434 205 4385 www.piedmontymca.org
PRE-PARTICIPATION SCREENING QUESTIONNAIRE
(Modified from American College of Sports Medicine and American Heart Association Joint Position Statement)

Print Name: ____________________________________________ Birthday: _______ / ______ / ________

Have you had in the past:

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty
- Pacemaker / implantable cardiac defibrillator / rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Do you have:

- Diabetes
- Asthma or other lung disease
- Burning or cramping sensation in your lower legs when walking short distances
- Musculoskeletal problems that limit your physical activity
- Concerns about the safety of exercise
- Take prescription medication(s)
- You are pregnant

Do you experience:

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, or blackouts
- Heart medication

Cardiovascular risk factors:

- You are a man older than 45 years
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- You smoke, or quite smoking within the previous 6 months
- Your blood pressure is > 140/90 mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is > 200 mg/dL
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (< 30 minutes of physical activity on at least 3 days/week)
- You are > 20 pounds overweight

- I have none of the above

Signature of Participant ________________________________ Date ______________________________

(Signature of parent of guardian if Participant is under age 18) ______________________________ Date ______________________________

Signature of Personal Trainer ______________________________ Date ______________________________
INFORMED CONSENT

I, ________________________________ (print name), acknowledge that I have voluntarily chosen to participate in a personal training program of progressive physical exercise, which can enhance the musculoskeletal and cardiorespiratory systems. I acknowledge being informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, heart rate, fainting, heart attack or death. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the trainer or the Crozet YMCA. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Participant’s Signature (Signature of parent or legal guardian if participant is under the age of 18) __________________________________________________________________________ Date __________________

PERSONAL TRAINING POLICIES

- You must provide 24-hour notice to your trainer to reschedule a session. If you fail to provide adequate notice, you will be charged for the scheduled session. If your trainer misses your scheduled appointment without 24-hour notice, you will receive a free make-up session.

- All sessions will begin and end on time. Arriving late will result in an abbreviated training session.

- All sessions must be paid for in advance and a receipt must be presented to the trainer. Your trainer may no longer meet with you if you have run out of sessions.

- All sessions expire one year from the date of purchase and are non-refundable and non-transferrable.

- If your personal trainer becomes ill, is away for an extended period of time, or leaves the Crozet YMCA, another trainer that you approve will be assigned to you so that your fitness progress does not suffer. Refunds will not be issued due to a change in personal trainer.

I have read and agree to the above policies.

Signature of Participant __________________________________________________________________________ Date __________________

(Signature of parent of guardian if Participant is under age 18) __________________________________________________________________________ Date __________________

Signature of Personal Trainer __________________________________________________________________________ Date __________________
NAME: __________________________________________ DATE: __________________
HEIGHT: _______ in. WEIGHT: _________ Lbs. AGE: __________
PHYSICIANS NAME: __________________________ PHONE: __________

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

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<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?</td>
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<td>Do you feel pain in your chest when you perform physical activity?</td>
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<td>In the past month, have you had chest pain when you were not performing any physical activity?</td>
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<td>Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
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<td>Do you have a bone or joint problem that could be made worse by a change in your physical activity?</td>
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<td>Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?</td>
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<td>Do you know of any other reason why you should not engage in physical activity?</td>
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*If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*