



# PERSONAL TRAINING REQUEST FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

30 MINUTE SESSIONS					60 MINUTE SESSIONS				
# of Sessions	Y-Member	Community Member	Senior Member	Senior Community Member	# of Sessions	Y-Member	Community Member	Senior Member	Senior Community Member
1	\$30	\$45	\$25	\$40	1	\$45	\$55	\$40	\$50
5	\$145	\$220	\$120	\$195	5	\$215	\$265	\$190	\$240
10	\$255	\$405	\$215	\$440	10	\$385	\$485	\$340	\$465

## PAR-Q (Physical Activity Readiness Questionnaire)

Being more active is safe for most people. However, some people should check with their doctor before they increase their physical activity. If you are planning to become more physically active than you are now, start by answering the questions in the box below.

If you are between the ages of 9 and 69, the PAR-Q will guide you on whether you should check with your physician before you start a fitness program. A parent or guardian should complete this form for those under the age of 18. If you are over 69 years of age, and you are not used to being very active, check with your physician first. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	Has your physician diagnosed you with a heart condition and that you should only do physical activity recommended by a doctor?
<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 (i.e. hip, knee, shoulder, back, lower back, neck) 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 example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any other reason why you should not participate in physical activity?

**YES**  
to one or more questions

- Talk with your doctor BEFORE you increase physical activity and BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.
- Talk with your doctor about the kinds of activities you wish to participate in and follow his/her recommendations.

**NO**  
to all questions

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

- Start becoming more physically active.
- Begin slowly and build up gradually. This is the safest way to go.
- Take part in a fitness assessment. This is an excellent way to determine your baseline fitness.

**CAUTION**

- If you are not feeling well because of a temporary illness such as cold or a fever, delay physical activity until you feel better.
- If you are or may become pregnant, talk to your doctor before starting an exercise program.
- If your health changes so that you then answer YES to any of the above questions, discontinue physical activity until you consult your physician. Ask whether you should change your physical activity plan.

## Current Workout Regimen

Please circle the level at which you believe you are currently at for each activity below & briefly describe (number of days per week, duration, type):

Cardio Experience Level:    Beginner                      Intermediate                      Advanced

Additional Info: \_\_\_\_\_

Resistance (weight) Training Experience Level:    Beginner                      Intermediate                      Advanced

Additional Info: \_\_\_\_\_

## Limitations/Concerns

Please describe below any physical limitations, medical conditions, or previous surgeries that may prevent you from doing certain types of exercise. Please be specific!

\_\_\_\_\_  
\_\_\_\_\_

## What Are Your Fitness Goals?

\_\_\_\_\_  
\_\_\_\_\_

## Additional Information

### Training Requested

Please circle below the type of training you are requesting.

Member - 30 Minute Session(s)    Community Member - 30 Minute Session(s)    Senior Member - 30 Minute Session(s)

Member - 60 Minute Session(s)    Community Member - 60 Minute Session(s)    Senior Member - 60 Minute Session(s)

Request a Trainer: \_\_\_\_\_

Days and Times Available: \_\_\_\_\_

## Please Read And Understand:

I understand that if I make an appointment with a trainer and need to cancel the appointment, I must give at least a 24-hour notice. If I fail to do so, I understand the cost of the appointment can be charged to my account.

Payment is due before training sessions are scheduled. All purchased personal training packages and sessions will expire if not used within 6 months.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed forms to our Front Desk. Please contact the Sports & Wellness Department at [khagerl@ymcabaycity.org](mailto:khagerl@ymcabaycity.org) or [cforsythe@ymcabaycity.org](mailto:cforsythe@ymcabaycity.org) if you have any questions.

Please give the Health & Wellness Department up to 3 days to process your request and put you in touch with a trainer. Thank you.