

PERSONAL TRAINING APPLICATION



For more information, contact Fitness Director Allysse Proctor

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Applicant Information

General Information

Name: _____

Gender: _____

Birthdate: ___/___/___

Occupation: _____

Phone Number: _____

Email: _____

In Case of Emergency, please notify:

Name: _____

Relationship: _____

Phone Number: _____

Fitness Background

Current Exercise Routine:

Goal:

How many days a week do you want to meet?

1 2 3 4 5

What days of the week are you available?

Monday Tuesday Wednesday Thursday Friday Weekends

What time of the day are you available?

Early Morning Morning Afternoon Evening

PAR-Q & You

(A Questionnaire for People Aged 15 to 69)

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 doctor before they start becoming much more physically active.

If you are planning to become much 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 doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity when recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/> 2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/> 3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/> 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/> 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/> 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/> 7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
You
Answered

YES to One or More Questions...

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities to those which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to All Questions...

If you answered NO honestly 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 and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated, if your reading is over 144/94, talk with your doctor before you start coming much more physically active.

Delay Becoming Much More Active:

- If you are not feeling well because of a temporary illness such as a cold or a fever, wait until you feel better; or
- If you are or may be pregnant, talk to your doctor before becoming more active

Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction"

Name _____

Signature _____

Date _____

Signature of Parent _____

Witness _____

PERSONAL TRAINING MEMBER PARTICIPATION AGREEMENT

- Personal Training sessions are to be paid for prior to actual session.
_____ (Initial)
- Cancellation of an appointment is to be made at least 24 hours in advance; otherwise client will be charged for the appointment. Cancellation must be made with the personal trainer's home/cell phone.
_____ (Initial)
- If the client is late for a session, he/she will be allowed the full session if time permits (dependent upon time constraints and discretion of trainer). If time does not permit a full session, client will be allowed the remaining time of the scheduled session at price of the normal session. _____ (Initial)
- "No shows" will be charged for scheduled session. _____ (Initial)
- Personal Training sessions may not be refunded for any reason except with a doctor's note that specifies termination of exercise.
_____ (Initial)
- Sessions will expire by the end of the year. _____ (Initial)

Informed Consent For Personal and Group Training

I, _____, the member, wish to participate in an exercise program with a Personal Trainer at the YMCA of Sumter. I understand that there are inherent risks in participating in a program of strenuous exercise. I recognize that I must communicate with my trainer any physical or mental sensations which may or may not be related to any on site and off site activities associated with the exercise or diet prescriptions of the Personal or Group Training Program tailored for me. I am aware that I may encounter some soreness and discomfort during and up to 48-72 hours after a session and that I will take responsibility for distinguishing the nature of such sensations and communicating with the trainer as to their existence and severity. Additionally, I have represented and stated to the best of my knowledge, information and belief that I am in a state of satisfactory physical health and condition to enter into this program. Finally, if for any reason my personal trainer believes I need a medical clearance, I agree to obtain one from my personal physician before continuing or beginning any form of exercise. If there is a change in my physical condition which might in any way affect my ability to participate in the program, I agree to notify my personal trainer.

I agree that neither the YMCA of Sumter nor my personal trainer shall be liable or responsible for any injuries to me resulting from my participation in the Personal or Group Training Program. I expressly release and discharge the YMCA of Sumter from all claims, actions, and judgements which I or my heirs, executors, administrators or assigns may have or claim to have against the YMCA of Sumter, for all injuries or other damage which may occur in connections with my participations in the Personal or Group Training Program. This release shall be binding upon my heirs, executors, the administrators, and assigns.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Member Signature: _____

Date: _____

Personal Trainer Signature: _____

Date: _____

PERSONAL TRAINING SUMTER FAMILY YMCA



Client Log Book For: