

PERSONAL TRAINING PROGRAM

CONGRATULATIONS, you have just taken the first step toward improving your health and wellness. Each personal training session will be packed with education, exercise and expertise designed to meet your needs. Please read the following to ensure the success of your individual program.

PROCEDURES

1. Please fill out all sections of this packet before returning it to the attention of Lynne Applebaum, Assistant Director of Health & Wellness/Active Older Adults, (908)233-2700 X239. Please keep this page of the packet because it contains important information for you to be aware of.
2. Please pay for the Personal Training sessions when you hand in your packet at the Welcome Center. Sessions must be purchased before the start of the program.
3. Please fill out the health screening form as completely as possible and obtain your doctor's consent to approve the exercise program.
4. One of our certified personal trainers will then call you to set up your first appointment to go over your fitness goals and begin to design a program just for you.

PHILOSOPHY

The role of the Westfield YMCA Personal Trainer is one of an educator and supporter. Their role is to provide the client with the tools needed to make positive lifestyle changes through proper information, education and support. Our personal trainers believe in promoting individually appropriate, enjoyable and life-enhancing physical activity.

GUIDELINES

1. Each client must be a current member of the Westfield Area YMCA
2. If the client would like to continue sessions with a personal trainer after the initial sessions have been redeemed, they must purchase more sessions at the Welcome Center.
3. All clients must work with a Westfield YMCA Personal Trainer.
4. All paperwork must be completed prior to first session.
5. All payments are due prior to the start of training.
6. In the event that the client cannot meet for a scheduled session, a **24-hour advance notice must be given to the Personal Trainer**, otherwise the client will be charged for the session. If a Personal Trainer cannot meet for a scheduled session, a **24-hour notice will be give to the client**.
7. Personal Trainers will wait up to 15 minutes past the scheduled session time for a client.
8. Single personal training sessions must be used within 1 month of purchase
Packages of five-personal training sessions must be used to completion within 3 months of the date of purchase. Packages of ten-personal training sessions must be used to completion within 6 months of the date of purchase.

In case of emergencies, exceptions can be made as agreed upon between the client and the trainer.

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**PERSONAL TRAINING
Questionnaire/Goals**

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

DAYTIME PHONE_____EVENING PHONE_____

CELL PHONE_____EMAIL_____

SEX M F DATE OF BIRTH_____/_____/_____ AGE_____

This questionnaire will help your Personal Trainer to understand your fitness goals.

1. What time of day and day of the week are you available to work with a Personal Trainer?
2. Occupation_____
3. What types of fitness activities do you enjoy?
4. What types of fitness activities do you dislike?
5. Are you presently exercising? Y____N_____ If you answered yes: How long have you been exercising? Briefly describe your program:
- 6..Have you ever experienced difficulty with physical exercise? Y____N_____ If you answered yes, briefly describe:
7. How many days a week do you think you would like to exercise?
- 8.How much time would you like to spend each time you exercise?

9. Rate yourself on a scale of 1-4(1=none, 2=very little,3=some,4=a lot). Circle the number that applies most closely.

a) Daily stress level 1 2 3 4

b) Aerobic (endurance) fitness level 1 2 3 4

c) Muscular(strength)level 1 2 3 4

d) Flexibility level 1 2 3 4

10. Please list your fitness goals, in order of importance to you(1=not important, 2=somewhat important, 3=very important, 4=primary goal)

Overall well-being_____

Tone muscles_____

Stress relief_____

Muscular strength_____

Flexibility_____

Decrease health risks_____

Lose weight_____

Lose body fat_____

Cardiovascular conditioning_____

Muscular endurance_____

Other_____

11. Is there anything else you would like us to know that will help us to customize your training program?

HEALTH SCREEN FORM

Name _____

This form is intended to obtain relevant information about your health that will assist in conducting the individual program design. Information will be confidential and only shared with the client's Personal Trainer. Please answer all questions to the best of your knowledge.

Height _____ Weight _____ Age _____

Blood Pressure

Do you have high blood pressure? YES NO

Are you being medically treated for high blood pressure? YES NO

Cholesterol

Do you have high cholesterol? YES NO

Smoking

Do you smoke? YES NO

Known Disease

Do you suffer from asthma? YES NO

If yes, how many years? _____

Do you have diabetes? YES NO

If yes, how many years? _____

Do you take insulin injections? YES NO

Any personal history of kidney, liver or thyroid disease? YES NO

Do you have osteoporosis? YES NO

Do you have any personal history of heart disease? YES NO

Signs or Symptoms

Have you experienced unusual pain or discomfort in your chest area, neck, jaw, arms or other areas that may be due to heart problems? YES NO

Have you experienced pain in your chest when you do physical activity? YES NO

Have you had any problems with fainting or dizziness? YES NO

Have you experienced unusual fatigue and/or shortness of breath at rest, with usual activities and/or mild exertion? YES NO

When you stand up, or sometimes during the night while you are sleeping, do you have difficulty breathing? YES NO

Have you experienced an unusual or rapid heartbeat? YES NO

Do you suffer from swelling of the ankles(ankle edema) YES NO

Have you experienced severe pain in your leg muscles during walking? YES NO

Do you have a diagnosed heart murmur? YES NO

Has your doctor said you have any other heart problems than those described above, or that you should only do physical activity recommended by a doctor? YES NO

If yes, please explain _____

Have you ever experienced blood-clotting abnormalities? YES NO

Family History

Has there been a heart attack or sudden death before 55 years age in father or other male first degree relative, or before 65 years age in mother or female first degree relative YES NO

Lifestyle

Physically active _____

Sedentary _____

Orthopedic Problems

Do you have any serious orthopedic problems that would prevent you from exercising? YES NO

If yes, please explain _____

Have you had knee or hip replacement? YES NO

Do you have knee problems? YES NO

Do you have hip problems YES NO

Do you have back problems? YES NO

Do you have shoulder or arm problems? YES NO

Do you have neck problems? YES NO

If you answered yes to any questions, please explain _____

Surgery

Have you had any recent surgeries in the past 12 months? YES NO

If yes, please explain _____

Please list any medications you are currently taking:

Emergency Contact

Name _____ Phone # _____

Physician

Name _____ Phone# _____

PERSONAL TRAINING

Informed Consent for Exercise Participation

Name _____

I desire to engage voluntarily in the Westfield Area Y exercise program in order to attempt to improve my health and wellness. I understand that the activities are designed to place a gradually increasing workload on cardiovascular and muscular systems to thereby attempt to improve their functions. The reaction of the cardiorespiratory or muscular systems cannot be predicted. I understand that there is a risk of certain undesirable changes that might occur during or following such exercise. These changes might include abnormalities of blood pressure, heart rate, sprains, strains, or worse.

I understand that I should consult with a physician before beginning any exercise or testing program or the use of any of the exercise or testing program, or the use of any exercise equipment of exercise equipment at the Westfield Area Y. I understand that if I am taking any medication I should also check with my physician to learn how it may affect my ability to exercise safely.

I know that I am responsible for monitoring my own physical condition throughout any exercise or testing program, and that if I experience any unusual symptoms of physical conditions while exercising, I will immediately cease my participation in any exercise and inform my trainer and my doctor of the unusual symptoms that I had experienced. In the event that a medical clearance form must be obtained prior to my use of any exercise equipment or facility, I agree to consult with my doctor and obtain such a medical clearance form prior to beginning exercise.

I acknowledge that I understand this form in its entirety. I also understand the nature of the exercise programs, fitness testing programs, equipment and facilities offered at the Westfield Area Y. I understand that I am solely responsible for any and all injuries, disabilities or death that I may sustain as a result of engaging in exercise at the Westfield Y irrespective of any consultation provided by the Westfield Area Y employees.

In consideration for being allowed to participate in this exercise/testing program, and to utilize the weights, machinery, exercise equipment, apparatus or exercise facilities at the Westfield Area Y, I agree to assume the risk that accompanies exercise. Finally, I further agree that the Westfield Area Y and its agents shall not be liable and held harmless to me for any 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 my participation in exercise programs, or from my use of any weights, machinery, exercise equipment, apparatus, or exercise facilities at the Westfield Area Y.

Participant Signature

Date

Medical Clearance Form

Dear Dr. _____

_____ has applied to participate in one-on-one Personal Training at the Westfield Area Y. The program involves designing a personalized exercise routine and will be adapted to the needs, goals and limitations of the individual.

The participant has completed a medical screening questionnaire, which has highlighted the need for medical clearance. By completing this form, you are assuming any responsibility for our program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness or an exercise routine, we would be most grateful if you indicate the reason below.

Thank you for your cooperation in this matter.

_____ **I know of no reason why the applicant may not participate**

_____ **I believe the applicant can participate, but I urge caution because:**

_____ **The applicant should NOT engage in the following activities:**

The medication(s) this patient is taking will/will not (please circle) have this effect on heart rate and blood pressure at rest and during exercise:

Signature _____

Telephone _____

PLEASE RETURN TO LYNNE APPLEBAUM (908)233-2700 X239

Personal Training At the Westfield Area Y

At the Westfield Area Y, we want to help you reach your fitness goals by providing you with the education and motivation to get you the best value for your investment. Life experiences and activities naturally become easier when you are healthy from the inside out.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY