



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Training

What is your reason or goal for Personal Training? _____

Here are some focuses and types of training that you may utilize during your sessions. Please choose any or all that interest you.

- | | |
|---|---|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Running |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Gain Muscle Mass | <input type="checkbox"/> TRX |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Water Training |
| <input type="checkbox"/> Sport-Specific | <input type="checkbox"/> Other: _____ |

Get started with our three 45-minute sessions for only \$99 ... a \$180 value! This is available for any member who has not purchased training in the past year. 1ASPTNEW2Y

Continue with one of these Personal Training package options.

- | | |
|---|---|
| <input type="checkbox"/> 30-minute sessions – 5-pack 1ASPT5(30) | <input type="checkbox"/> 30-minute sessions – 10-pack 1ASPT10(30) |
| <input type="checkbox"/> 45-minute sessions – 5-pack 1ASPT5(45) | <input type="checkbox"/> 45-minute sessions – 10-pack 1ASPT10(45) |
| <input type="checkbox"/> 60-minute sessions – 5-pack 1ASPT5(30) | <input type="checkbox"/> 60-minute sessions – 10-pack 1ASPT10(60) |

Our trainers are all Nationally-Certified by one or more of the following organizations

- NASM – National Academy of Sports Medicine
- ACSM – American College of Sports Medicine
- AFAA – Aerobics and Fitness Association of America
- NSCA – National Strength and Conditioning Association
- WITS – World Instructor Training Schools
- FiTour

Please complete both sides of this form. Your trainer will contact you to set up your first session.

Return completed form to Paul Garwood, Associate Director of Physical Programs.
PGarwood@WestfieldYNJ.org • 908-233-2700x256

Westfield Area Y • 220 Clark Street, Westfield, NJ 07090
www.WestfieldYNJ.org • 908-233-2700

Name: _____

Age: _____ Height: _____ Weight: _____

Email: _____

Phone: _____

What Days/Times are you Available for Sessions?

First Choice: _____

Second Choice: _____

Third Choice: _____

How many days per week do you think you would like to meet with your Personal Trainer? _____

What exercise intensity are you looking for in your training sessions?

- Low Intensity - use sessions to learn proper form and new exercises
- Medium Intensity - a mixture of new exercises and things you already know to eliminate transition time between exercises
- High Intensity - little to no downtime, come in and work hard

Which rooms are you comfortable working out in with your trainer?

- Cardio Room
- Strength Training Room
- Weight Room
- Fitness Express
- Basketball Gym
- Racquetball Court
- Outdoors (requires off-site waiver)

Do you have a preferred gender for your Trainer?

- Male
- Female
- No Preference
- I want my trainer to be _____

Are you currently exercising? No Yes If yes, please describe. _____

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