



# GOT GOALS?

We can help!

## Personal Training Request Form

Client's First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Special needs or physical concerns \_\_\_\_\_

Preferred days/times \_\_\_\_\_

Trainer Requested if any \_\_\_\_\_

Areas of Focus:    Strength/Cardio    Yoga    Dance    Balance    Water    Other

- If you do not request a specific trainer, we will find a trainer that is available at your request times and meets your needs.
- All sessions must be paid for in advance.
- A 24 hour notice of cancellation is required. If a 24 hour notice is not given, with the exception of immediate illness, the fee for that session will stand and be applied.
- If late for a session, the session may be cut short due to schedule conflicts that may arise.
- If you have any special needs or physical concerns, please indicate above.
- Please allow a 10-day processing period.

I have read and understand the above information.

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

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**Office use only**

Amount paid \$ \_\_\_\_\_ # of sessions \_\_\_\_\_ Desk Staff Initials \_\_\_\_\_

\*Desk Staff: Please return completed form to Megan Schneider- ND or Tonya Felhofer- SB to assure trainer is assigned to the client.

Trainer Assigned \_\_\_\_\_ Date \_\_\_\_\_

Date of First Appointment \_\_\_\_\_

Comments/Notes:



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## Personal Health History Form

Client's First and Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Does your physician know that you are participating in an exercise/fitness program? Yes No

Date of your last physical examination \_\_\_\_\_ Are you taking any medications? Yes No  
(If yes please list medications & reasons for taking them)

Medication	Reason for usage

Do you smoke cigarettes? Yes No If yes, how many per day?

Please circle any and all medical conditions that apply to you currently or from the past from the list below:

- |                             |                                     |                      |
|-----------------------------|-------------------------------------|----------------------|
| Heart Disease or Stroke     | High Blood Pressure                 | Cancer               |
| Lung/ Pulmonary Disease     | Kidney Disease                      | Ulcer                |
| Gastrointestinal Disease    | Arthritis                           | Depression           |
| Diabetes                    | Neuromuscular Disease               | Parkinson's Disease  |
| Immune System Disease       | Medically Diagnosed Eating Disorder | Pregnant             |
| Pancreatitis                | Osteoporosis                        | Joint or muscle pain |
| Dizziness                   | Chest Pain                          | Hernia               |
| Increased blood Cholesterol | Asthma                              | Previous injury      |

Please explain any circle answers and if a doctor has recommended high level care for any of the above? (Use the back of this page if necessary).



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## Client Profile and Health Goal Assessment Form

For the following questions mark which best applies to you.

Have you ever had a trainer before? Yes No

Are you currently involved in a regular fitness program? Yes No

Are you involved in physical activities of daily living? (Walking, gardening ect.) Yes No

What hobbies or sports do you participate in? \_\_\_\_\_

Do you consider yourself: Sedentary Light Active Moderately Active Highly Active (circle one)

What is the main reason you exercise or why you want to begin an exercise program?

It is good for my health Helps relieve stress My doctor told me to

It makes me feel good I am trying to lose weight Other: \_\_\_\_\_

What activities would/do you prefer in an exercise program?

Walking Swimming Stationary Bike Stretching Basketball Rowing NUSTEP

Running Strength/Resistance Training Group Fitness Elliptical Other: \_\_\_\_\_

How many days a week can you commit to cardiovascular exercise? Strength Training?

Got Goals? Let us help!

Goals should be SMART: Specific, Measureable, Attainable, Realistic, Set a Time Line

Long Term Goals (where do you want to be in 6 months to a year?)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Short Term Goals (What small things will you do to accomplish your long term goals?)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\*Take home a SMART Goal Sheet



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## Personal Training Contract

**We, the undersigned, do agree to the following:**

We, agree to participate in a personal training program designed by \_\_\_\_\_ per session, for \_\_\_\_\_ sessions.

I, the client, agree to give 24 hour notice for cancellation of sessions. I understand that if 24 hours' notice is not given, with the exception of immediate illness, the fee for that session will stand and be applied to the client's next bill.

I, the trainer, agree to give 24 hours' notice for cancellation of session. I understand that if 24 hours is not given, the fee for that session will be waived.

I, the client, understand that if I am not on time for sessions, they may be cut short and the fee for that session will stand and will be applied as a full session.

I, the trainer, understand that if I am not on time for sessions, the time will be made up at the session or at a subsequent session.

I, the client, understand that there is NO guarantee as to the outcome of the training program and that failure to follow the program as described by the trainer may result in my goals not being reached. The outcome of any training program will be due to the work that I (the client) do, my abilities, and genetic makeup. These factors are beyond control of the trainer.

We understand that the Client/Trainer session are confidential and information regarding the Client/Trainer will not be disclosed to others outside the sessions.

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Client Signature

Date

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YMCA Trainer Signature

Date

**We are here to help! Contact your friends in the YMCA Lifestyle Center for wellness tips and support!**