



YMCA Personal Training Referral Form

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

1. Trainer Preference:

- | | | |
|------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Abby Besserman | <input type="checkbox"/> Lesa Boykin | <input type="checkbox"/> Lara Collmann |
| <input type="checkbox"/> Dawn Cunningham | <input type="checkbox"/> David Dias | <input type="checkbox"/> Amanda Dornhorst |
| <input type="checkbox"/> Jo Earnhart | <input type="checkbox"/> Steve Harrison | <input type="checkbox"/> Darlene Jackson |
| <input type="checkbox"/> Mary Tebbe | | |

2. What time of the day would you prefer to train?

Morning Afternoon Evening

3. How often would you like to work with a personal trainer?

1 Time/Week 2 or 3 Times/Week Other

4. What are your goals? (Check All That Apply)

- | | | |
|------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Develop Confidence | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Muscular Strength | <input type="checkbox"/> Train For An Event | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Muscular Endurance | <input type="checkbox"/> Develop A Routine | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Learn To Exercise Properly | <input type="checkbox"/> Gain Motivation | <input type="checkbox"/> Relieve Stress |
| <input type="checkbox"/> To Ease Symptoms Of A Medical Condition | <input type="checkbox"/> Doctor Recommended | |

5. Do you currently have any injuries? Yes No

If yes, please explain:

Staff Members: Please Notify The Trainer Immediately Upon Receiving A Referral Form!

Staff Member Taking Referral: _____ (Initials/Name)

Trainer Notified (Date): _____

Trainer's Initials: _____

Health-History Inventory

Name: _____ Date: _____

Age: _____ Sex: Male: _____ Female: _____

Emergency Contact

Name: _____ Phone: _____

Are You Taking Any Medications Or Supplements? Yes: ___ No: ___

If So, Please List Medication & Reason.

Does Your Physician Know You Are Participating In This Exercise Program?

Yes: ___ No: ___

Do You Now Have, Or Have You Had In The Past?

1. History of heart problems, chest pain, or stroke? Yes: ___ No: ___
2. Elevated blood pressure? Yes: ___ No: ___
3. Any chronic illness or condition? Yes: ___ No: ___
4. Difficulty with physical exercise? Yes: ___ No: ___
5. Advice from physician not to exercise? Yes: ___ No: ___
6. Recent surgery (last 12 months)? Yes: ___ No: ___
7. Pregnancy (now or within last 13 months)? Yes: ___ No: ___
8. History of breathing or lung problems? Yes: ___ No: ___
9. Muscle, joint or back disorder or any previous injury still affecting you?
Yes: ___ No: ___
10. Diabetes or metabolic syndrome? Yes: ___ No: ___
11. Thyroid condition? Yes: ___ No: ___
12. Cigarette smoking habit? Yes: ___ No: ___
13. Obesity [body mass index (BMI) ≥ 30 kg/m²]? Yes: ___ No: ___
14. Elevated blood cholesterol? Yes: ___ No: ___
15. History of heart problems in immediate family? Yes: ___ No: ___
16. Hernia or any condition that may be aggravated by lifting weights or other physical activity? Yes: ___ No: ___

*If you checked yes to 1 or more of the above questions, a medical release form must be signed prior to making a personal training appointment.

Client Profile Sheet-Initial Assessment

Client Name: _____

Fitness History:

Have you been a member of a gym before? Yes: ____ No: ____

If so, what sort of activities did you participate in?

What problems have you faced in the past that you would like to avoid in the future?

What is your current exercise routine (if applicable)?

Do you utilize any stretches, neuromuscular, or mobility exercises in your program?

How much time per week are you willing to spend exercising with a trainer?

On your own?

On a scale of 1 (worst) to 10 (best), please rate the following:

How comfortable I am working out in a gym setting: _____

How comfortable I am setting up and using cardio equipment: _____

How comfortable I am setting up and using resistance training machines: _____

How comfortable I am setting up and using free weights: _____

Goals For Personal Training

What are your health or fitness goals?

What steps have you taken to achieve these goals?

Where do you want to see yourself in 6months? 12 months? 5 years?

After you achieve your goal, then what? (ex. maintenance, make new goals?)

What sort of things do you think could prevent you from working out or reaching your goals?

WAIVER AND RELEASE

I _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of _____ (hereafter referred to as a Personal Trainer/YMCA). I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness training program. I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorder in heartbeat, and serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with a Personal Trainer/YMCA, I will assume any additional expenses incurred that go beyond my health coverage. I will notify the Personal Trainer/YMCA of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Personal Trainer/YMCA or I will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. Personal Trainer/ YMCA has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although Personal Trainer/ YMCA take precautions to maintain the equipment, any equipment may malfunction and or cause potential injuries. I take sole responsibility to inspect any and all of my or the Personal Trainer/ YMCA'S equipment prior to use.

Although Personal Trainer/YMCA will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors administrators, and assigns, waive and release any and all claims against Personal Trainer/ YMCA and any of their staff, officers, officials, volunteers, sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or losses including but not limited to claims for negligence for any inquires or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Personal Trainer/ YMCA. I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSDTYANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OFPERSONAL TRAINER/ YMCA, I HEREBY AFFIX MY SIGNATURE HERETO.

Client's Name (Please Print Clearly) **Date:** _____

Client's Signature

Client's Address

Trainer's Signature **Date:** _____

CANCELLATION POLICY

The personal trainers at the Edwardsville YMCA are responsible for their own scheduling of advance appointments. They will make every effort to schedule the most convenient appointment possible for you and can be somewhat flexible in rescheduling when necessary. However, due to the demand for appointments with our trainers, we must charge clients the full price of a session for appointments not attended or canceled in advance. There is a minimum of 24 hours' notice required so our trainers may accommodate other clients in the vacant time slots. Sorry, no refunds! Please contact the Health and Wellness Director if you have any questions.

I agree that I have read and understand completely the above statements on this form.

Participant Signature

Date

A Personal Trainer is required to contact you within 72 hours of receiving your form. If a trainer does not contact you within this time period, please contact Dawn Cunningham at 618-655-1460 ext. 2248.