



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear YMCA Member,

Welcome to the YMCA at the Essentia Wellness Center! We are so happy to have you as a member, and look forward to helping you achieve your goals in any way we can! One way we can help is by offering you personal training right here at our facility. We have an excellent group of trainers, all of who are eager to work with you in accomplishing your fitness goals.

There are many benefits to working with a personal trainer, as it is their job to create a program specific to your goals and your current fitness level. A trainer will not only help you get started, but also help you to progress along the road to your goal. Working with a personal trainer is a true investment in, not just your fitness, but your overall health.

If you are unsure about personal training, the Y offers a free, one-hour personal training session for all members. This session is comprised of a body composition analysis, a fitness assessment, and a 30-minute workout with a certified personal trainer. The free session gives you a good preview of the personal training, and if you choose to continue, it knocks out the initial trainer consultation, so when you are ready to begin your package, you can hop right into the workouts!

To get started with personal training, whether it is just the free session or if you would like to continue, please fill out this packet completely and return to the Members' Service Desk or Wellness Center Office. Once we have received the packet, the trainer will contact you to schedule your free session.

In addition, it is helpful to know ahead of time what your thoughts are on continuing with personal training. If you would be so kind as to check one of the boxes below stating your intentions, it will help us to move forward with planning your personal training session.

I would only like a free session

I would like a free session and to possibly continue on with personal training

Thank you for your interest in personal training. If you have questions or comments, please feel free to contact the number listed below, or send an e-mail!

Amber Micke

Director of Healthy Living

The YMCA at the Essentia Wellness Center

218.241.8008 x 510

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DULUTH YMCA

PERSONAL TRAINING STARTER PACKET

Please fill out the following information as completely as possible. After you have completed the forms, please return this packet to the Member Service Desk with selected package type and form of payment. A personal trainer will review your forms and he/she will call you to set up your first training session.

Name: _____ Date: _____

Home Phone: () Cell Phone: () DOB: / /

Email: _____

Employer/Occupation: _____

Please list a relative whom we may contact in case of an emergency:

Name: _____ Relation: _____

Home Phone: () Work Phone: ()

Please complete the information below for your personal physician:

Name of Physician: _____

Address: _____

Office Phone: () Office Fax: ()



If you work outside the home, how many hours do you work per week?

N/A < 35 35-40 40-45 >50

What are the primary physical requirements of your job?

Phone/Computer Sitting Standing Lifting Travel

Please rate your level of stress on the following scale (circle one):

Home: Low Stress 1 2 3 4 5 High stress

Work: Low Stress 1 2 3 4 5 High stress

Personal Health History

Please indicate if you have any of the following conditions. (check all that apply)

Asthma Cancer Hypertension High Cholesterol
Arthritis Diabetes Heart Disease Osteoporosis
Obesity Stroke Other: _____

Please provide a brief explanation for any of the above that have been checked:

Please indicate if you have had any joint injuries or surgeries that may limit or effect your ability to exercise:

Neck Hip Wrist/Hand
Shoulder Knee Ankle/Foot
Elbow Low Back Other : _____

Please indicate any medications that you are currently using that may have an influence on your fitness training:

Type of Medication Purpose



Do you smoke cigarettes? Yes No If yes, how often? _____

Are you a past smoker? Yes No If yes, when did you quit? _____

Do you drink alcoholic beverages? Yes No If yes, how often? _____

Are you presently dieting or on a weight control program? Yes No

If yes, please provide a brief explanation:

Do you have any past or present medical conditions, not already addressed, which may influence your ability to safely participate in an exercise program? If yes, please explain:

Please provide a brief explanation of your current exercise program. Include types of activity and frequency.

What are your current health and fitness goals?

Do you foresee any barriers that may prevent you from adhering to a regular exercise program?

How do you rate your level of motivation and commitment to achieving your goals? (circle one)

Low 1 2 3 4 5 High



Have you worked with a personal trainer in the past? Yes No

When are you available to meet with a trainer?

Morning Lunch Hour Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Weekends

Do you prefer to work with a male or female trainer? Male Female No Preference

INFORMED CONSENT FOR FITNESS TESTING AND EVALUATION

Name: _____

(Please Print)

I. Fitness Testing *

The purpose of the fitness testing program is to evaluate cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. The cardiorespiratory fitness test involves a submaximal test that may include a bench step test or one-mile walk test. Body composition is analyzed by taking either several skinfold measurements to calculate percentage of body fat or via biofeedback. Flexibility is determined by the sit-and-reach test. Muscular strength may be determined by an upper-body bench press test. Muscular endurance may be evaluated by the one-minute, bent-knee sit-up test or the endurance bench press test.

*Fitness Testing is optional based on participant's goals.

II. Exercise Preparation

I desire to engage voluntarily in the Duluth YMCA's exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and thereby attempt to improve its fitness. The reaction of the cardiorespiratory system to such activities



cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctors recommendations. All exercise programs include warm-up, exercise at target heart rate and cool down. The programs may involve walking, jogging, swimming, or cycling; participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increased workload on the body in order to improve overall fitness. The rate of progression is regulated by exercising to target heart rate and rate of perceived exertion.

I affirm that I am responsible for monitoring my own condition throughout the tests and/or exercise program, and should any unusual symptoms occur, I will cease my participation and inform my instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the tests and their components. I also affirm that my questions regarding the fitness-testing program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the fitness-testing program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any fitness tests.

Also, in consideration for being allowed to participate in the fitness training and/or exercise program, I agree to assume the risk of such testing or exercise, and further agree to hold harmless the YMCA and its staff members conducting such testing and/or the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the testing or exercise program.

Signature of Participant

Date

Signature of Personal Trainer

Date



NOTICE OF UNDERSTANDING AND CONSENT

This must be signed by all personal training participants.

By signing this consent, I acknowledge that I am informed of the following:

1. All payments must be made in full prior to the commencement of personal training program.
2. All personal training packages must be used within one year of purchase. All sessions not used within one year are automatically forfeited without further notice to you, the client.



3. No refunds are given for unused sessions for any reason.
4. Please be advised that training sessions may be rescheduled; however, you must give no less than 4 hours notice to your trainer if you cannot make a session. If you give less than 4 hours notice, or if you do not show up for a session, a make-up session will not be scheduled and the missed session will be counted as part of your package.

I _____ understand and agree to the terms of this understanding and consent. I abide by such terms in order to begin and successfully continue my personal training program after it is initiated. I understand that I may discontinue training at any time without a refund of prepaid sessions.

Signature of Participant

Date