



**YMCA OF THE UPPER PEE DEE**

# **PERSONAL TRAINING**

## **Participant Forms**

---

Please complete this packet prior to your first training session.

## INFORMED CONSENT

### For Exercise Fitness Testing & Exercise Participation

I, \_\_\_\_\_ desire to engage voluntarily in the YMCA 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 and musculoskeletal systems and thereby attempt to improve their function. The reaction of these systems to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise, including but not limited to abnormalities of blood pressure and heart rate.

I understand that the fitness-testing program is designed to evaluate cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. These tests may include, but are not limited to, sub-maximal cardiorespiratory tests to predict aerobic capacity, static stretches to observe flexibility, and sub-maximal resistance to examine muscle strength and endurance. The results of your assessment are confidential and will be discussed with you only.

I understand that the purpose of a regular exercise program is to improve and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be designed for me, based on my needs and interests and any recommendations provided by my physician. All programs are intended to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I agree to cease active participation and inform the trainer of the symptoms.

In the event that medical clearance must be obtained prior to my participation, I agree to consult my physician and obtain written clearance or allow the YMCA to obtain such clearance.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting 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 exercise program.

I understand that there is a 24 hour cancellation policy for all training sessions and if I fail to cancel within that time frame I will be charged for that training session.

---

(Signature of participant)

(Date)

---

(Trainer administering program)

(Date)

# HEALTH HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ in. Weight: \_\_\_\_\_ lb.

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

Emergency Contact Phone: \_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY

	Client	Family	If yes, describe
Diabetes	_____	_____	_____
High Blood Pressure	_____	_____	_____
High Cholesterol	_____	_____	_____
Smoke or use Tobacco	_____	_____	_____
Angina/Chest Pain	_____	_____	_____
Heart Murmur	_____	_____	_____
Irregular Heart Beats	_____	_____	_____
Abnormal ECG	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Respiratory Infections	_____	_____	_____
Asthma	_____	_____	_____
Aneurysm	_____	_____	_____
Stroke	_____	_____	_____
Valve Disease	_____	_____	_____
Heart Attack	_____	_____	_____

## Do you have any of the following conditions that may limit your physical activity?

(please check if applicable)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Ankle/Foot injury | <input type="checkbox"/> Bone Fracture     |
| <input type="checkbox"/> Shoulder/Clavicle Injury | <input type="checkbox"/> Low Back Pain     | <input type="checkbox"/> Wrist/Hand Injury |
| <input type="checkbox"/> Arm/Elbow Injury         | <input type="checkbox"/> Knee/Thigh Injury | <input type="checkbox"/> Hip/Pelvic Injury |
| <input type="checkbox"/> Calcium Deposits         | <input type="checkbox"/> Nerve Damage      | <input type="checkbox"/> Tennis Elbow      |
| <input type="checkbox"/> Upper Back Injury        | <input type="checkbox"/> Head/Neck Injury  | <input type="checkbox"/> Other             |

If other please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your physician ever advised against exercise?  Yes  No

Are you presently receiving physical therapy?  Yes  No

---

Are you presently taking any medications?  Yes  No

If yes, please list names and dosages of each: \_\_\_\_\_

\_\_\_\_\_

---

Do you currently smoke?  Yes  No

If yes, how many cigarettes/cigars per day? \_\_\_\_\_

Do you currently consume alcohol?  Yes  No

If yes, how many drinks per day? \_\_\_\_\_

Are you involved in an exercise program at the present time?  Yes  No

If yes, please describe the program: \_\_\_\_\_

\_\_\_\_\_

How would you rate the amount of physical activity at work/home/school?

Very little  Little  Moderate  Active  Very active

How would you rate the stress level of work/home/school?

Little  Moderate  Stressful

Have you ever had a cardiovascular stress test?  Yes  No

If so, date of most recent test: \_\_\_\_\_

Results:  Normal  Abnormal

Do you follow any special diet at the present time?  Yes  No

If so, what type?

Low cholesterol/low fat  Low salt

Reduced calorie  Liquid Diet

Other

If other, please specify: \_\_\_\_\_

\_\_\_\_\_

What are your personal exercise program goals?

- |  |  |
|--|--|
| <input type="checkbox"/> Weight Control/loss         | <input type="checkbox"/> Staying in Shape    |
| <input type="checkbox"/> Cardiovascular Conditioning | <input type="checkbox"/> Increasing Strength |
| <input type="checkbox"/> Stress Reduction            | <input type="checkbox"/> Other               |

What are you currently doing for exercise?

- Cardiovascular (aerobic) - minutes/session \_\_\_\_\_ times/week \_\_\_\_\_
- Strength Training (weights) - mode/type \_\_\_\_\_  
times/week \_\_\_\_\_

If you are currently taking classes or participate in other activities please list those below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL TRAINING PREFERENCES

We are committed to accommodating your requests and preferences below. Please be as specific as possible. This allows us easier allocation of the correct trainer based on your needs.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### I am interested in (select one):

One Personal Training session \_\_\_\_\_

3 Personal Training sessions \_\_\_\_\_

6 Personal Training sessions \_\_\_\_\_

12 Personal Training sessions \_\_\_\_\_

### I prefer (select one):

Female trainer \_\_\_\_\_

Male trainer \_\_\_\_\_

No preference \_\_\_\_\_

If you have the name of a trainer you would like to request, please indicate here:

\_\_\_\_\_

### I would like to focus on (select one):

Land exercise \_\_\_\_\_

Water exercise \_\_\_\_\_

Combination of water & land exercise \_\_\_\_\_

I am available for training: M T W TH F S Sun (check all that apply)

All hours available to train (please specify hours):

# PAR-Q and YOU (A Questionnaire for People Ages 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. **Check YES or NO.**

## YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you are not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose Consciousness?
5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know **any other reason** why you should not do physical activity?

## If you answered **YES** to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

## NO to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

## DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

**NOTE:** If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_ WITNESS: \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**NOTE:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.