



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UNION COUNTY YMCA at WESLEY CHAPEL
Personal Training Client Information

Client Name: _____ Date: _____

Phone Number: _____ Email: _____

Age: _____ DOB: _____ Height: _____ Weight: _____

Occupation: _____

Spouse's Name: _____ Occupation: _____

Children/Pets:

Fitness/Health Goals:

Current Fitness Activity:

Past Fitness Activity:

Injuries/Limitations:



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MEDICAL HEALTH QUESTIONNAIRE

This confidential form asks you a variety questions about your medical conditions and takes about 5 minutes to complete. Your personal trainer will use the information to insure that a safe and effective exercise program is designed to meet your individual needs. Please fill in the information requested or check/ circle the appropriate response. We thank you for your time and effort in completing this questionnaire.

Name: _____

Date: _____

KNOWN DISEASES

(please circle one)

Do you have any personal history of heart disease? YES NO

Any personal history of metabolic disease (thyroid, renal, liver, etc)? YES NO

Is there any known history of diabetes in your family? YES NO

If yes, what relation? _____

BASIC HEALTH INFORMATION

(please circle one)

Are you over 65 and not accustomed to vigorous exercise? YES NO

Has a doctor ever told you that you should not participate in vigorous exercise? YES NO

Do you frequently have pains in your heart or chest? YES NO

Do you often feel faint or have spells of dizziness? YES NO

Have you experienced unusual fatigue and/or shortness of breath at rest, during usual activities, or during mild to moderate exercise? YES NO

Has your doctor ever said that you have lower back, bone, or joint problem? YES NO

Has your doctor ever said you have heart trouble? YES NO

Are you currently taking prescription medication(s)? YES NO

Is your physician aware that you are starting an exercise program? YES NO

Is there any other reason, not listed, why you should not exercise? YES NO

**Please explain all "YES(s)" circled above: _____*

Note: Answering Yes to 2 or more Health History questions may result in the YMCA requesting physician's clearance.

HEALTH CONDITIONS (check all that apply)

CARDIAC

NEURO

ORTHOPEDIC

PULMONARY

OTHER

Coronary Bypass

Stroke

Fibromyalgia

Asthma

Cancer

Heart Attack

Multiple Sclerosis

Osteoporosis

COPD/
Emphysema

Diabetes

High Blood Pressure

Parkinson's

Rheumatoid Arthritis

Overweight
(50 lbs or more)

Congestive Heart Failure

Shoulder Ankle Back Knee



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Please check items that closely match.

1. When did you have your last medical exam?
 - Never
 - Less than 1 year
 - 1 year
 - 2 years
 - 3 years or more

2. When did you last have your blood pressure checked?
 - Never
 - Less than 1 year
 - 1 year
 - 2 years
 - 3 years or more

3. When did you last have your cholesterol checked?
 - Never
 - Less than 1 year
 - 1 year
 - 2 years
 - 3 years or more

4. If you have ever had a treadmill-ECG test, please indicate how long ago the test was performed. Otherwise, please check "Never"?
 - Never
 - Less than 1 year
 - 1 year
 - 2 years
 - 3 years or more

Please list all medications you are currently taking and for what reason you are currently taking them.

| Medication | Reason |
|------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |

Participant Signature

Date

Trainer Signature

Date



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Personal Training Physician's Consent Form

Member Name: _____

The above named individual has applied for participation in the Personal Training program at the Union County YMCA at Wesley Chapel. If you know of any medical reasons why participation in a fitness assessment, program and/or recreational activity by the applicant would be unwise, please indicate on this form by checking all that apply.

I know of no reason why the applicant should not participate, and I hereby medically release him or her to do so.

I believe the applicant CAN participate, but would recommend the following precautions/restrictions (Please be specific):

I recommend that the applicant NOT participate (please explain):

Physician's Signature: _____ Date: _____

Name Printed: _____ Telephone: _____

Address: _____ Fax: _____

City, State and Zip _____

**Please return this form via fax to:
Union County YMCA at Wesley Chapel
704-243-1036
or scan & e-mail to
unioncountytraining@ymcacharlotte.org**



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Personal Training Member Participation Agreement

Registration for Personal Training must take place prior to beginning personal training. Registration includes completion of a registration form, payment for sessions received and recorded, trainer assignment, and completing any other requested information.

Training packages expire 6 months from date of purchase.

Tardiness and Cancellation Policy:

Client initial _____

The Union County YMCA at Wesley Chapel upholds the following tardiness and cancellation policies:

1. The client will receive a 15 minute grace period (= 15 minutes from the beginning of the session) for scheduled appointments (please note time will be deducted from the total scheduled training session). If the client does not arrive after 15 minutes of his/her scheduled appointment, the trainer is not obligated to wait any longer. In addition, the client will forfeit that session (reducing the number of sessions left in the training package.)
2. Any cancellation made within 24 hours of an appointment will be forfeited.
3. If a cancellation is made 24 hours prior to an appointment and another time is available on the trainer's schedule, a client may reschedule without forfeiting a session.
4. Once training sessions have been purchased, only the original participant(s) will be eligible to attend the training sessions. Other participants may not attend sessions as substitutes for the original clients.

Withdraw from Program Policy:

Client initial _____

If a client has registered for Personal Training and proceeds to withdraw from the program for whatever reason, the following policy is followed:

1. By notifying the director prior to the second session of the program, a reimbursement will be provided.
2. After the second session, a refund is only possible in the case of an accident, illness, or relocation. In this case, a prorated refund will be given for the remaining length of sessions.

Group Training Policy:

Client initial _____

The Union County YMCA at Wesley Chapel upholds the following group training policies:

1. Once a Group Package is purchased, the package price is honored for the number of sessions purchased.
2. Cancellations: all parties must agree upon a rescheduled date before 24 hours of the original appointment or the session is forfeited by the canceling participant only, regardless of reason for cancellation. The remaining group members will continue with the regularly scheduled appointment.
3. If one of the members of a Group of 2 or 3 drops out – the remaining participants will continue training uninterrupted until the package ends.
4. When re-purchasing sessions, in order to receive the Group pricing: a complete group must be formed (Group of 2 or 3) to receive the respective pricing for each category.



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In order to proceed with the Union County YMCA at Wesley Chapel Personal Training program, a Health History questionnaire, and Client information form must be completed and returned 24 hours prior to first scheduled appointment. This will ensure you the most effective personal training experience. For all personal training packages a complimentary fitness evaluation will be conducted in conjunction with your first personal training session. A physician's examination is recommended for all participants with any exercise restrictions, illness and/or injury and for those people over 40 years of age. Personal Training participants in this category, without a physician's examination, acknowledge they have been informed of its importance and accept full responsibility for their health and well-being. Participants also understand that the leader of this program assumes no responsibility.

I understand the policies set forth by the Union County YMCA at Wesley Chapel Personal Training Program, and have had the opportunity to discuss my specific needs in relation to participant activity. As a result, I do voluntarily request the right to participate in this exercise program. I assume all risks and hazards incidental to the conduct of this program.

Client Name (please print)

Client Signature

Date

Trainer Name (please print)

Trainer Signature

Date