



Childress Klein YMCA – Small Group Training

Informed Consent for Exercise Participation and Cancellation Policy

I desire to engage voluntarily in the Childress Klein YMCA Small Group Training 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 to thereby attempt to improve its function. 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 the exercise. These changes might include abnormalities of blood pressure or heart rate. ()initial

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 provided for each session and will be tailored, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, conditioning phase, and cool-down. The program sessions may involve jogging, jumping, climbing, participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise. ()initial

I understand that it is my obligation to inform the Childress Klein YMCA staff of my symptoms should any develop. I also understand that the staff may reduce or stop my exercise program when findings indicate this should be done for my safety and benefit. I affirm that my general health is good, my doctor has approved my participation in the classes identified above or related exercises, and that I am not under a doctor's care for any condition that would endanger my health or the health of other participants. ()initial

I understand that during the performance of exercise, physical touching and positioning of my body may be necessary to assess muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above. ()initial

I do hereby consent that any photograph in which I appear may be used without compensation to me for purposes of publicity or advertising, such as catalogues, websites, marketing materials, flyers and news stories.

I understand that the Small Group Training meets at set days and times. All sessions will be held unless otherwise noted by the trainer. I understand that there are no refunds or cancellation make-up sessions if I do not attend the set meeting times. ()initial

I understand that if I withdrawal from the Small Group Training program for any reason, the following policy applies:

1. By notifying the Fitness Director prior to the third session a reimbursement will be provided for the remaining sessions.
2. If you go over three or more sessions, a refund will only be granted if the client is in an accident, severe illness or is relocating. In these cases a prorated refund will be given for the remaining sessions. ()initial

I have carefully read this Informed Consent for Exercise Participation and Cancellation Policy, and voluntarily sign the same. In signing this form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. ()initial

This the ____ Day of _____, 20 ____.

Signature: _____

Print Name: _____ Date of Birth: _____



Childress Klein YMCA – Small Group Training

Personal Contact Information

Name: _____ DOB: _____

Cell Phone#: _____ Home/Other Phone #: _____

Email: _____

Emergency Contact (Name/Phone/Relationship): _____

Health Assessment

Do you currently participate in an Exercise Program? Yes/No
If so, how often & what type: _____

Have you ever had any form of heart disease? Yes/No

Have you ever experienced chest pains or shortness of breath? Yes/No

Date of last physical: _____

Age: _____ Height: _____ Weight: _____

Do you have or do any of the following pertain to your health?
If yes, please explain.

High Blood Pressure Yes/No If yes, what are the levels? _____

Cigarette Smoking Yes/No How many/day? _____

Diabetes Yes/No If yes, what type? _____

Family History of Heart Disease Yes/No If yes, who/relationship? _____

Are you currently taking any medication? Yes/No

If yes, what medication? _____

Do you have problems in the following areas?

Knees Y/N Explain: _____

Lower Back Y/N Explain: _____

Neck/Shoulders Y/N Explain: _____

Hip/Pelvis Y/N Explain: _____

Other Y/N Explain: _____

How many hours do you sleep/day? _____

Describe your job: ___ Sedentary ___ Active ___ Physically demanding

Describe your activity level as it relates to being able to correctly perform exercises such as squat, push-up, and plank (see description of levels below): ___ Beginner ___ Intermediate ___ Advanced

*Beginner- movements need ample opportunity for practice and improvement

*Intermediate-movements are mastered, but refinement is necessary

*Advanced-movements are being performed effectively and naturally

What is your goal or what would you like to achieve from this small group training program?

The YMCA of Greater Charlotte recommends that you clear your participation in any exercise program with your physician.