

YMCA of Talbot County

Personal Training Program

YMCA personal trainers are dedicated to helping you achieve your health and fitness goals. A personal trainer will help you to reach your full potential through providing direct supervision during your exercise routine to make sure that you are maximizing every minute of your workout.

The YMCA Mission - To put Christian principles into practice through programs that promote healthy spirit, mind and body for all.

Talbot County YMCA Personal Trainers are:

CARING

HONEST

RESPECTFUL

RESPONSIBLE

- **What will a Personal Trainer do for YOU?**

Our nationally certified personal trainers will design a fitness program that is customized specifically for you, one that will enable you to reach your personal goals. They will educate and assist you in developing a complete program that includes proper nutrition, strength training, and aerobic conditioning, all of which are essential elements for a longer and more fulfilling life. After an initial consultation, which includes an evaluation and goal-setting, our trainers will motivate you toward an improved quality of life.

- **Training Package Options**

Option 1	1 session - \$40
Option 2	4 sessions - \$140
Option 3	8 sessions - \$250
Option 4	12 sessions - \$360
Option 5	6-1/2 hour sessions - \$105

To better serve your needs, please complete the following section:

- If a specific trainer is preferred, please indicate name of trainer here: _____
- Please indicate the number of days per week you wish to work with your trainer: _____
- Please mark below all available times you have to work with your trainer:
_____ b/w 5:30 a.m. & 8:30 a.m. _____ b/w 8:30 a.m. & 11:30 a.m.
_____ b/w 11:30 a.m. & 4:30 p.m. _____ b/w 4:30 p.m. & 10:00 p.m.
_____ Saturday _____ Sunday

YMCA Personal Training Policies

Please take a few moments to read over the following information regarding the personal training program at the YMCA. Your understanding of, and cooperation with, these policies is required. If you have any questions regarding the information below, please contact Aaron Hutt, Wellness Director at (410) 822-0566.

- Payment for entire training package is required prior to your initial consultation. Paid receipt must be presented to trainer at the initial appointment.
- Once you have been appointed a personal trainer, it is important that you ask your trainer how you should contact them, should the need arise. Please DO NOT call and leave a message at the YMCA unless you are instructed to do so by your trainer.
- **CANCELLATION POLICY**: If you should need to cancel a training appointment, you must contact your trainer 24 hours prior to the scheduled appointment time in order not to be charged for that session. Decisions on emergency cancellations will be at the discretion of your trainer. All decisions are final.
- **All training packages are good for one year from the date of purchase. No exceptions, please.**
- Personal training is made available for all individuals who are interested in, or require, one-on-one exercise instruction. Financial assistance is available for those who qualify. You must submit an application for fee assistance specifying that you are interested in the personal training program. Once your application is processed, you will be contacted as to what portion of the fee will be subsidized by the YMCA. All decisions are final and are at the discretion of the YMCA staff.
- Personal training fees are subject to change without prior notice. Additional charges may be necessary for those individuals who require physical assistance with walking, standing, or moving on to or from machines, etc.
- Personal training fees are non-refundable. If the YMCA is not able to fulfill the members request for training sessions, a refund will be issued. However, should the member decide to terminate the training sessions willingly and without fault from the YMCA of Talbot County, a credit will be issued for the member to use within the facility.

Please complete the following section as to show your understanding and cooperation with the personal training program policies as set forth by the Wellness staff of the YMCA of Talbot County, Inc. Failure to sign below may result in postponement of your initial training session.

Print Name

Signature / Date

YMCA of Talbot County

Health History Profile and Informed Consent

Please complete both front and back of this form prior to participating in an exercise program at the YMCA. For your safety, and based on your answers below, you may be asked to provide the YMCA with a physicians release in order to begin the program for which you are registering.

	<u>YES</u>	<u>NO</u>
Do you currently have high blood pressure? *	_____	_____
Are you taking medication for high blood pressure? *	_____	_____
Have you ever had a heart attack? * If yes, when? _____	_____	_____
Have you ever had heart surgery? * If yes, when? _____	_____	_____
Do you have Angina? *	_____	_____
Have you ever had a stroke? * If yes, when? _____	_____	_____
Do you have orthopedic or muscular problems? * If yes, please specify _____	_____	_____
Do you have epilepsy or a seizure disorder? * If yes, please specify _____	_____	_____
WOMEN ONLY: Are you pregnant? * If yes, what trimester? _____	_____	_____
Do you have diabetes?	_____	_____
Do you smoke? If yes, please indicate amount _____	_____	_____
List any and all medications you are currently taking _____		

* Indicates that a physician's release form is required if answered yes to this question.

To my knowledge, the information given to the YMCA regarding my health status is completely correct and agree to obtain a physician's release, if necessary.

Signature of participant

Date

Please complete the informed consent for exercise participation on reverse side and return to wellness director.

YMCA of Talbot County
EXERCISE HISTORY FORM - PAST AND PRESENT

1. Name _____ Date _____

2. Address _____

3. Phone numbers (day & evening) _____

4. Age _____ Gender : Male _____ Female _____

5. Height _____ Weight _____

6. Occupation: _____ Physical _____ Non-Physical _____

7. Are you presently exercising?: Yes _____ No _____ If you answered "yes":

How long have you been exercising?: _____

Briefly describe your exercise program: _____

8. Please rate yourself on a scale of one to five, with one indicating the lowest value and five the highest, by circling the number that applies most closely:

a. Daily stress level:
1 2 3 4 5

b. Competitive personality (pertaining to physical activity):
1 2 3 4 5

c. Aerobic (endurance) fitness level:
1 2 3 4 5

d. Muscular (strength) level:
1 2 3 4 5

e. Flexibility level:
1 2 3 4 5

EXERCISE HISTORY FORM - PAST AND PRESENT (page 2)

9. Check the description below which most closely describes your diet:

_____ High fat, high sodium, low carbohydrate

_____ Low fat, low sodium, high carbohydrate

_____ Moderate fat, moderate sodium, moderate carbohydrate

_____ Other: Briefly describe your average dietary habits:

10. Are you currently on a calorie restrictive diet? Yes _____ No _____

11. How much time can you comfortably allocate per workout session based on your lifestyle? Please check the answer that most closely applies:

_____ 45 min. or less _____ 45-60 min. _____ 60-90 min.

12. Briefly describe the goal(s) you have set to attain from your exercise program:

YMCA of Talbot County
MEDICAL CLEARANCE FORM

Dear Doctor:

_____ (name of applicant) has applied for enrollment in the fitness testing and/or exercise programs at the YMCA. The fitness testing program involves a submaximal test for cardiorespiratory fitness, body composition analysis, flexibility test and muscular strength and endurance tests. The exercise programs are designed to start easily and become progressively more difficult over a period of time. A more detailed description of the testing and exercise programs is attached in Form 2A. All fitness tests and exercise programs will be administered by qualified personnel trained in conducting exercise tests and exercise programs.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and/or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the YMCA fitness testing and/or exercise program, please call.

Report of Physician:

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate but I urge caution because: _____

_____ The applicant should not engage in the following activities: _____

_____ I recommend that the applicant NOT participate.

Physician's signature _____ Date: _____

Address _____

Telephone & Fax Numbers _____