



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PERSONAL TRAINING AT MCGAW YMCA

Welcome to personal training at the McGaw YMCA! Our personal trainers look forward to working with you and helping you meet your health and fitness goals!

There are a few steps you must complete in order to begin training:

1. Purchase a Training Package at the membership relations office.
2. Complete and return the Personal Training Packet (attached), including:
 - Personal Training Interest Form
 - Pre-participation Screening Questionnaire
 - Informed Consent / Personal Training Policies
 - Members under age 18: Permission to Provide Medical Treatment
3. When we receive your packet, you will receive a phone call or email within 2-4 days from the Health and Wellness Manager, to schedule your free consultation. This is a time to talk with your trainer, review your paperwork and set goals.
4. Your first training session will be scheduled directly with your trainer.

If you have any questions, please contact:

Mira Kaiser
Health & Wellness Manager
847.475.7400 x 254
mirak@mcgawymca.org

For office use only:

(check one)

- Member has paid for sessions**
- Member has not paid for sessions**

Member is purchasing for:

- Self**
- _____

Notes:



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PERSONAL TRAINING INTEREST FORM

Name: _____

Phone: _____

Email: _____

Best time and method to contact you: Phone Email

Trainer Preference: Male Female No preference

Specific trainer: _____

How many days per week would you like to meet with a trainer?

once twice three times

Would you prefer 30 or 60 minutes sessions? 30-minute 60-minute

When would you like to meet with a trainer (mark preferred days/times)?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Early morning (6:00am – 9:00am) Late morning (9:00am – 12:00pm)

Afternoon (12:00pm – 5:00pm) Evening (5:00pm – 9:00pm)

GOAL SETTING INFORMATION

1. Why do you want to work with a personal trainer?

2. What made you decide to start working with a personal trainer now?



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GOAL SETTING INFORMATION

(continued)

3. Rank your top 5 goals (1 = most important):

Add variety to my workout	Injury rehab
Improve technique/knowledge	Sports specific training
Increase energy	Improve endurance
Reduce body fat	Lose weight: ____ pounds
Build muscle	Tone muscle
Increase flexibility	Improve overall health
Reduce stress	Pre/post natal
Improve balance	Other:

4. What things would you like to improve in regard to your overall well-being?

5. What is your current fitness level? Not active Occasionally Often
Always Used to be

6. What types of activities do you currently participate in, or have you enjoyed in the past?

Activity:

Times per week:

Avg. length of each session:

Level of participation:
(easy, moderate, hard)



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PRE-PARTICIPATION SCREENING QUESTIONNAIRE

(Modified from American College of Sports Medicine and American Heart Association Joint Position Statement)

Print Name:

Birthday (Month/Day/Year):

Have you had in the past:

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty
- Pacemaker / implantable cardiac
- Defibrillator / rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Do you experience:

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, or blackouts
- Heart medication

Do you have:

- Diabetes
- Asthma or other lung disease
- Burning or cramping sensation in your lower legs when walking short distances
- Musculoskeletal problems that limit your physical activity
- Concerns about the safety of exercise
- Take prescription medication (s)
- You are pregnant

Cardiovascular risk factors:

- You are a man older than 45 years
- You are a women older than 55 years, have had a hysterectomy, or are postmeopausal
- You smoke, or quite smoking within the previous 6 months
- Your blood pressure is > 140/90 mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is > 200 mg/dL
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (< 30 minutes of physical activity on at least 3 days/week)
- You are > 20 pounds overweight
- I have none of the above

Signature of Participant

Date

(Signature of parent/guardian if Participant is under age 18)

Date



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INFORMED CONSENT

I, (print name), _____ acknowledge that I have voluntarily chosen to participate in a personal training program of progressive physical exercise, which can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to: abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the trainer or the McGaw YMCA. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Participant's Signature (Signature of parent or legal guardian if participant is under the age of 18)

Date: _____



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PERSONAL TRAINING POLICIES

- You must provide 24-hour notice to your trainer to reschedule a session. If you fail to provide adequate notice, understand that it is up to the trainer's discretion and you may be charged.
- All sessions will begin and end on time. Arriving late will result in an abbreviated training session.
- All sessions must be pre-purchased. Your trainer may no longer meet with you if you have run out of sessions.
- All sessions expire one year from the date of purchase and are non-refundable.
- If your personal trainer becomes ill, is away for an extended period of time, or leaves the McGaw YMCA, another trainer will be assigned to you so that your fitness progress does not suffer. Refunds will not be issued due to a change in personal trainer.

I have read and agree to the above policies.

Signature of Participant : _____

Date: _____

(Signature of parent/guardian if Participant is under age 18): _____

Date: _____

PLEASE FILL OUT FOR ANYONE UNDER AGE 18

PERMISSION TO PROVIDE MEDICAL TREATMENT

I hereby grant the Youth Fitness instructor or a representative of the McGaw YMCA to provide medical treatment to _____ (print child's name) for any injury or illness incurred while participating in a McGaw YMCA Youth Fitness or Sports activity.

Emergency Contact: _____ Phone: _____

Personal Physician: _____ Phone: _____

Health Insurance Company: _____

Phone: _____

Policy Number: _____

Permission Granted: _____ Date: _____

Once a program has begun, we will not credit or refund payment, except as described below:

If you withdraw from a program before the first time it meets, we will credit your McGaw YMCA account for your full program fee. Punch cards for classes are not refundable and may not be exchanged for other Y services. If you withdraw from a class for medical reasons, please submit a physician's note, and we will apply a pro-rated credit to your account, based on the number of remaining classes. All credits are valid for one year from their creation date. We reserve the right to cancel programs. If you are registered for a program that is cancelled, we will give you a full refund. Refunds will be issued by check and may take up to 3 weeks for processing.