



**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. 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
 - Draft agreement (applicable to monthly programming)
2. When we receive your packet, you will receive a phone call or email within a week to schedule your free consultation. The free consultation is a time to talk with your trainer, review your paperwork and set goals.
3. Your first training session will be scheduled directly with your trainer.

If you have any questions, please contact:

Alyson Mann
Health & Wellness Manager
847-475-7400 ext. 232
AlysonM@mcgawymca.org

Name: _____

Date: _____



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PERSONAL TRAINING INTEREST FORM

Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Best method to contact you: Cell Phone Home Phone Email

Best time to contact you: _____

Who referred you to the personal training program?

Member: _____

Personal Trainer: _____

Other Staff: _____

Other Source: _____

Trainer Preference: Male Female No preference

1st choice (specific trainer): _____

2nd choice (specific trainer): _____

3rd choice (specific trainer): _____

*It is not guaranteed that you will be matched with your trainer preference. If you are matched with a trainer and prefer to work with someone else, we are happy to reassign you.

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

Would you prefer to meet your trainer for 30, 45 or 60-minute sessions?

30-minute 45-minute 60-minute not sure yet

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)

Specific time available: _____



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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?

GOAL SETTING INFORMATION

(continued)

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

Add variety to my workout: _____

Improve technique/knowledge: _____

Increase energy: _____

Reduce belly fat: _____

Build muscle: _____

Increase flexibility: _____

Reduce stress: _____

Improve balance: _____

Injury rehab: _____

Sports specific training: _____

Improve endurance: _____

Lose weight ___ pounds: _____

Tone muscle: _____

Improve overall health: _____

Pre/post-natal: _____

Other: _____

3. What things would you like to improve in regards to your overall well-being? _____

4. What is your current fitness level?

Not active Occasionally Often Always Used to be

5. 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 (e.g. 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:

- 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



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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 postmenopausal
- You smoke, or quit 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 > 20 pounds overweight
- I have none of the above

Signature of Participant

Date

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

Date

***PLEASE NOTE: If you check more than one of these boxes above, a doctor's clearance note may be required to proceed with training or an orientation.**



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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 and 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 a 24-hour notice to your trainer to reschedule a session. If you fail to provide adequate notice, understand that it is the McGaw YMCA's policy that you will be charged for that session.
- 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 hourly session package purchases (3, 6, 9, 15 and 18 hours) expire 180 days from the date of purchase and are non-refundable and non-transferable.
- 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 continues forward. 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



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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. 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 three weeks for processing.



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MONTHLY DRAFT AGREEMENT*

*Form must be submitted before your first session for monthly in-person or virtual personal training. This section is not applicable to bulk hourly session purchases (3, 6, 9, 15, 18-hour bundles) or virtual fitness program design enrollment.

Billing terms and conditions:

This agreement authorizes the McGaw YMCA to charge your bank account or credit card monthly for personal training fees. We will continue to charge your checking account or credit card for monthly training fees until you request in writing that we cancel your service in accordance with the cancellation policies below. Personal training dues are non-refundable and non-transferrable.

Cancellations: A member may cancel this agreement at any time. All cancellations must be received in writing by completing a cancellation form at the YMCA front desk during any operating hours or via certified mail to the attention of "Member Relations." This written cancellation must be received by the McGaw YMCA by the 15th of your final month of training. For example: If you wish to cancel your training effective May 1, your cancellation request must be received by the McGaw YMCA no later than April 15 to avoid paying training fees for the month of May.

Service fees: Should any payment not be honored by your bank or credit card for any reason, you will be responsible for that payment, plus a \$30 return fee. This is in addition to any fees your bank or credit card may charge you. Personal training services and membership access will be discontinued until all balances are cleared.

Billing updates: When you change your bank account or credit card, you must notify us by the 25th of the month. It is your responsibility to notify us of new expiration dates on your credit card. This agreement will be in effect for any billing updates made to this service, such as over-the-phone updates and card-not-present payments. Members are responsible for ensuring up-to-date contact information on file.

Session utilization: First month is paid in full at time of enrollment. Second month is prorated based off of the week you signed up. Third month and forward are paid at the full rate. One week's worth of training may be rolled over into the following month while the draft remains active. Sessions become invalid after the last day of the final month in which you draft.

I have reviewed and agree to the terms and conditions of my personal training program and withdrawal of funds from my checking account or credit card as outlined in this document. I authorize the McGaw YMCA to draft my checking account or card, as indicated below, for programming fees. I understand that my use (or non-use) of YMCA facilities or training service has no bearing on this draft agreement. I understand this draft of my checking account or credit/debit card will continue until cancellation is provided in writing in accordance with the above policy. All membership and program drafts are non-refundable and non-transferable, unless the Y cancels the program.

Signature of Participant

Date

Please draft my checking/savings account.
(Please attach voided check)

Name on account: _____

Bank name: _____

Routing number: _____

Account number: _____

Please draft my debit/credit card.

Name on card: _____

Card type: _____

Card number: _____

Expiration: ____ / ____ CVV: _____