



Trails YMCA Personal Training Program

What is personal training?

Personal training is a system of structured exercise workouts with a personal trainer. It is considered the most effective way for an individual to achieve optimal results for his or her fitness program.

Personal training works because you have the trainer's individual attention at all times. This relationship strengthens with time because the trainer learns more about you and your physical capabilities. In a short period of time the trainer gains insight into your optimal training patterns: how hard to work you, how much recovery time you need, how often to change your program, what motivates you best, etc.

The personal trainers are knowledgeable and experienced. These two factors along with the trainer's "people skills" enable them to develop and implement safe, effective and efficient programs for their clients. These abilities also mean the trainer can keep you motivated and enthusiastic about your program.

In summary, personal training allows you to utilize someone else's in-depth knowledge and experience to maximize your personal progress toward fitness goals.

**YMCA mission: To put Christian principles
into practice through programs that build
healthy spirit, mind and body for all.**



Trails YMCA Personal Training Agreement

1. The member prior to the first session will pay for the sessions through the membership service desk.
2. Sessions with 2 people and under will be 60 minutes and sessions with 3 people and above will be 75 minutes.
3. When a member schedules sessions with a trainer, the member is charged for the session whether he/she attends or not. Exceptions are as follows:
 - a. Emergency of a family member
 - b. 24 hour notice
 - c. Sudden illness
4. When a trainer takes time off, a minimum of 24 hours notice must be given to the member or the member receives an additional session free. Exceptions are as follows:
 - a. Emergency of a family member
 - b. Sudden illness
 - I. When requested, written workout programs will be provided at no cost to the member. During their trainer's absence, the member may request a substitute YMCA trainer.
5. The trainer will not work out during a member's session.
6. Any terms of this agreement may be changed. If changes occur, the member will receive a 30-day notice in writing.
7. Pricing

1 person		2 people		3 to 4 people		5 to 6 people	
1-5 sessions	\$40/session	1-5 sessions	\$55/session	1-5 sessions	\$100/session	1-5 sessions	\$135/session
6-11 sessions	\$35/session	6-11 sessions	\$50/session	6-11 sessions	\$90/session	6-11 sessions	\$120/session
12+ sessions	\$30/session	12+ sessions	\$45/session	12+ sessions	\$80/session	12+ sessions	\$111/session

Member's Signature

Date

Trainer's Signature

Date

Exercise History

Name _____ Date _____

Address _____

Phone Number (h) _____ (w) _____ (c) _____

Email Address _____

Gender M F Age _____ Height _____ Weight _____ Occupation _____

Are you presently exercising? yes no If you answered "yes" how long have you been regularly exercising? _____

Briefly describe your present program _____

Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest circling the number that you feel applies most closely?)

Daily stress level	1	2	3	4	5
Competitive personality	1	2	3	4	5
Aerobic (endurance) fitness level	1	2	3	4	5
Muscular (strength) level	1	2	3	4	5
Flexibility level	1	2	3	4	5

Check the description below that closely describes your diet.

_____ High fat, high sodium, low carbohydrate

_____ Low fat, low sodium, high carbohydrate

_____ Moderate fat, moderate sodium, moderate carbohydrate

_____ Other please describe _____

Are you currently on a calorie restrictive diet? yes no

Have you worked with a personal trainer before? yes no

How much time can you comfortably allocate your workout session based on your lifestyle?

_____ 30 min. or less _____ 30-45 min. _____ 45-60 min. _____ 60 min. or more

Briefly describe your goal(s) you have set to attain from your exercise program _____

Times you are available for training: Monday _____
 Tuesday _____ Wednesday _____
 Thursday _____ Friday _____
 Saturday _____ Sunday _____

Medical History

Do you currently have, or have you had, or does any of your immediate family have:

	Yes	No	Family
Difficulty with exercise	_____	_____	_____
Emphysema	_____	_____	_____
Asthma	_____	_____	_____
Tobacco Habit	_____	_____	_____
Orthopedic Problems	_____	_____	_____
Current Injury	_____	_____	_____
Chronic Illness	_____	_____	_____
Surgery within the last year	_____	_____	_____
Thyroid Problems	_____	_____	_____
Are you or could you be pregnant?	_____	_____	_____
Elevated Cholesterol	_____	_____	_____
Elevated Triglycerides	_____	_____	_____
Cancer	_____	_____	_____
Heart Problems	_____	_____	_____
Elevated Blood Pressure	_____	_____	_____
Coronary Artery Disease	_____	_____	_____
Diabetes	_____	_____	_____
Stroke	_____	_____	_____

Please list any medications you are currently taking: _____

Please list any vitamin or herb supplements you are currently taking: _____

