



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HEALTH FITNESS LIFE

## Personal Training Packet

Please complete and submit to the Fitness Center desk and you will be contacted.

### YMCA Mission

To put Christian principles into practice through programs that build a healthy spirit,  
mind, and body for all.



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# EXERCISE HISTORY FORM/PAST & PRESENT

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1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. PHONE NUMBER (MOST ACCESSIBLE NUMBER): \_\_\_\_\_
4. EMAIL ADDRESS: \_\_\_\_\_
5. AGE: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_
6. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_
7. OCCUPATION: PHYSICAL \_\_\_\_\_ NON-PHYSICAL \_\_\_\_\_
8. ARE YOU PRESENTLY EXERCISING: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED YES:

HOW LONG HAVE YOU BEEN EXERCISING: \_\_\_\_\_

BRIEF DESCRIPTION OF PROGRAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. RATE YOURSELF ON A SCALE OF 1 TO 5 (1 INDICATING THE LOWEST VALUE AND 5 THE HIGHEST) 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:

1            2            3            4            5

d. MUSCULAR (STRENGTH) LEVEL:

1            2            3            4            5

e. FLEXIBILITY LEVEL:

1            2            3            4            5

10. 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 DIETARY HABITS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. ARE YOU CURRENTLY ON A CALORIE RESTRICTIVE DIET? YES \_\_\_\_\_ NO \_\_\_\_\_

12. HOW MUCH TIME CAN YOU COMFORTABLY ALLOCATE PER WORKOUT SESSION BASED ON YOUR LIFESTYLE?

\_\_\_\_\_ 45 MINUTES OR LESS

\_\_\_\_\_ 45-60 MINUTES

\_\_\_\_\_ 60-90 MINUTES

13. BRIEFLY DESCRIBE THE GOALS YOU HAVE SET TO ATTAIN FROM YOUR EXERCISE PROGRAM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. PLEASE INDICATE THE BEST DAYS AND TIME OF THE WEEK FOR YOU TO TRAIN (EX. MON BETWEEN 12PM-4PM)

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

15. DO YOU HAVE A PERSONAL TRAINER PREFERENCE? \_\_\_\_\_



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# INFORMED CONSENT FOR EXERCISE PARTICIPATION

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I desire to engage voluntarily in the YMCA exercise program in order to attempt to improve my physical fitness. I understand that 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 can't be predicted with complete accuracy. There is a risk of certain changes that might occur during the following exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength/endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down (except for muscular strength and endurance training, in which target heart rate is not a factor). The programs may involve walking, jogging, swimming, or cycling (outdoor or stationary); 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 and muscular strength. The rate of progression is regulated by exercise target heart rate and/or perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program, and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent 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.

In the event that a medical clearance must be obtained prior to my participation in the program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program. (cont'd on reverse)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_

Physicians Address: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_

Limitations & Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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# PREPARING FOR YOUR FITNESS ASSESSMENT

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In order to assure that the results of your fitness assessment are as accurate as possible, please review the following guidelines. Your assessment will be given on the assumption that you have followed these recommendations.

1. Wear loose fitting clothes (jogging attire, shorts, training shoes, etc.)
2. Avoid excessive eating or drinking for 3 hours before your assessment.
3. Avoid alcohol, tobacco, or coffee for at least 3 hours before your assessment
4. Avoid exercising on the same day as your assessment. Exercise will elevate your blood pressure and resting heart rate – invalidating these measures.
5. Try to get a good night's rest the night before your assessment.
6. Please inform a member of staff if you are suffering from any acute respiratory infection or related condition.
7. If you have been given a medical questionnaire or fitness assessment consent form, please have them completed when you arrive.

Your fitness assessment will consist of measurement of one or more aspects of your health and fitness. It may include your weight, cardiovascular condition (resting and exercise heart rate and performance), body composition, musculoskeletal condition, blood pressure, and body size (circumferences). The objective of your first assessment is to give you a baseline from which to measure your performance. Subsequent assessments will provide milestones to help evaluate your progress.

Good luck!



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# CANCELLATION POLICY

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Effective: April 1, 2008

Out of respect to the YMCA's personal trainers we ask that anyone wishing to cancel a scheduled Personal Training session do so 24 hours in advance. Cancellations should be made through and confirmed by your Personal Trainer. Individuals that do not cancel with a 24 hour notice will be responsible for the Personal Training fee. The fee will be drafted or posted to the members YMCA account.

Thank you for your understanding. We wish you the best in your training endeavors and are glad we can assist.

I, \_\_\_\_\_, have read and agree to the Personal Training policy stated by the YMCA.

Thank you,

**Sandra Ihlenfeld**

Healthy Living Association Director  
Rose E. Schneider Family YMCA  
2001 Ehrman Road, Cranberry Twp, PA 16066  
**P** 724-452-9122 **F** 724-452-8561  
[SIhlenfeld@bcfymca.org](mailto:SIhlenfeld@bcfymca.org)

The Y: We're for youth development, healthy living and social responsibility

## PAR Q & YOU

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check (✓) the  YES or  NO opposite the question if it applies to you.

YES NO

- 1 Has your doctor ever said you have heart trouble?
- 2 Do you frequently have pains in your heart and chest?
- 3 Do you often feel faint or have spells of severe dizziness?
- 4 Has a doctor ever said your blood pressure was too high?
- 5 Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
- 6 Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- 7 Are you over the age of 65 and not accustomed to vigorous exercise?

If  
You  
Answered

### YES to one or more questions

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered YES to on PAR-Q or present your PAR-Q copy.

#### programs

After medical evaluation, seek advice from your physician as to your suitability for:

- unrestricted physical activity starting off easily and progressing gradually.
- restricted or supervised activity to meet your specific needs, at least on an initial basis.

Check in your community for special programs or services.

### NO to all questions

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- A GRADUATED EXERCISE PROGRAM – a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- A FITNESS APPRAISAL – the Canadian Standardized Test of Fitness (CSTF)

#### postpone

If you have a temporary minor illness, such as a common cold.

• Developed by the British Columbia Ministry of Health. Conceptualized and critiqued by the Multidisciplinary Advisory Board on Exercise (MABE).

Reference PAR-Q Validation Report, British Columbia Ministry of Health, May, 1978.

• Produced by the British Columbia Ministry of Health and the Department of National Health & Welfare.





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# YMCA MEDICAL CLEARANCE FORM

(To be completed if answered "yes" to any PAR-Q questions)

Dear Doctor:

\_\_\_\_\_ has applied for enrollment in fitness testing and/ or exercise programs of the YMCA.

The fitness testing involves a submaximal test for cardiorespiratory fitness, body composition analysis, flexibility test, muscular strength and endurance tests and flexibility test. The exercise programs are designed to start easy and become progressively more difficult over a period of time. A more detailed description of the testing and exercise programs is attached. All fitness tests and exercise programs will be administered by a 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 program by the participant would be unwise, please indicate so on this form.

If you have any questions about the YMCA fitness testing and/ or exercise programs, please call Sandra Ihlenfeld, Healthy Living Association Director, at 724-452-9122.

## 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: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trainer/ Instructor: \_\_\_\_\_

YMCA Fax Number: 724-452-8561



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# DESCRIPTION OF FITNESS TESTING & EXERCISE PROGRAMS

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Dear Doctor:

The YMCA fitness testing and/or exercise programs for which the participant has applied are described as follows:

**Fitness Testing** – The purpose of fitness testing is to evaluate cardiorespiratory fitness, body composition, flexibility, muscular strength, and endurance. The cardiorespiratory fitness tests involves a submaximal test that may include a bench step test, cycle ergometer test, or a one mile walk for best time test. Body composition is analyzed by taking several skinfold measures to calculate percentage of body fat. Flexibility is determined by the sit-and-reach test. Muscular strength may be determined by an upper-body bench press test or a lower-body leg extension test. Muscular endurance may be evaluated by the one minute, bend-knee sit-up test or the endurance bench press test.

**Exercise Programs** – The purpose of the exercise programs is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to the participant based on needs and interests and your recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down (except for muscular strength and endurance training, in which target heart rate is not a factor). The programs may involve walking, jogging, swimming, or cycling (outdoor or stationary); 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 and muscular strength. The rate of progression is regulated by exercise target heart rate and/or perceived effort of exercise.

In both the fitness testing and exercise programs the reaction of the cardiorespiratory system cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following exercise. These changes might include abnormalities of blood pressure and/or heart rate. YMCA exercise instructors are certified in CPR and emergency procedures are posted in the exercise facility.

In addition to your medical approval and recommendations, the participant will be asked to sign consent forms that explain the risks of fitness testing and exercise participation before the programs are initiated.