



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

## Personal Training

We know that sometimes it's hard to take the first steps in becoming healthier. That's why we're here for you, every day, to give you the extra motivation and guidance that you need. Our personal trainers can help you with weight loss, body toning, sport specific training, injury prevention and post rehabilitation, plus helping develop and reaching your goals for a healthier you! We offer individual and group personal training sessions.

### Benefits of Personal Training

- Help you safely begin and maintain an effective exercise program.
- Develop an exercise program specifically designed according to your personal health history, needs, limitations, and goals.
- Provide motivation, encouragement and accountability to your exercise program.
- Serve as a resource for objective and accurate health and fitness information.
- Help you fit exercise into your busy schedule to make the most efficient use of your time.



### Pricing and Packages

#### Members:

1 Hour Session: \$30

½ Hour Session: \$15

#### Potential Members:

1 Hour Session: \$50

½ Hour Session: \$25

#### Personal Training Packages: Members

1 session: \$30

4 sessions: \$115 (savings of \$5)

8 sessions: \$225 (savings of \$15)

12 sessions: \$320 (savings of \$40)

#### Personal Training Packages: Potential members

1 session: \$50

4 sessions: \$195 (savings of \$5)

8 sessions: \$385 (savings of \$15)

12 sessions: \$560 (savings of \$40)

#### Small Group Trainings:

2-5 people: \$20 per member

\$40 potential member

#### Small Group Packages:

4 sessions: \$55 per member/\$75 potential (min 2-5 members)

8 sessions: \$105 per member/\$125 potential (min 2-5 members)

12 sessions: \$140 per member/\$165 potential (min 2-5 members)

### Contact

Karen Martin, Wellness Director: [k.martin@ymcanwnc.org](mailto:k.martin@ymcanwnc.org)

#### ALEXANDER COUNTY FAMILY YMCA

260 Black Oak Ridge Road Taylorsville, NC 28681

P 828 632 9699 F 828 635 1016 [www.acfamilyymca.org](http://www.acfamilyymca.org) A United Way Agency

Our Mission: "Helping people reach their God-given potential in spirit, mind and body."



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# Personal Training Form

## Client Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Medical History

1. Circle any who have had a heart attack before age 50:

Father Mother Brother Sister Grandparent

2. Date of last physical exam: \_\_\_\_\_

3. Please list any operations you have had: \_\_\_\_\_

4. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional, and/or have experienced during exercise:

|                |                          |                      |                     |                   |
|----------------|--------------------------|----------------------|---------------------|-------------------|
| Alcoholism     | Anemia                   | Asthma               | Back Strain         | Bleeding Trait    |
| Bronchitis     | Cancer                   | Cirrhosis            | Concussion          | Congenital Defect |
| Diabetes       | Dizziness/Faint          | Emphysema            | Epilepsy            | Eye Problems      |
| Gout           | Hearing Loss             | Heart Problem        | High Blood Pressure | Hypoglycemia      |
| Hyperlipidemia | Joint Pain               | Kidney Problems      | Mental Illness      | Neck Strain       |
| Obesity        | Phlebitis                | Rheumatoid Arthritis | Stroke              | Thyroid Problem   |
| Ulcer          | Infectious Mononucleosis | Other _____          |                     |                   |

5. Circle all medicine taken within the last 6 months:

|               |                   |                          |             |                     |
|---------------|-------------------|--------------------------|-------------|---------------------|
| Blood Thinner | Diabetic Pill     | Diuretic                 | Digitalis   | Epilepsy Medication |
| Insulin       | Heart Rhythm Med. | High Blood Pressure Med. | Other _____ |                     |

6. Do you currently smoke? Yes No If yes, how many per day? \_\_\_\_\_

7. Do you exercise regularly? Yes No

If yes, what type and how often? \_\_\_\_\_

If no, how long have you not been exercising? \_\_\_\_\_

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### PAR-Q

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?      Yes      No
2. Do you feel pain in your chest when you do physical activity?      Yes      No
3. In the past month, have you had chest pain when you were not doing physical activity?      Yes      No
4. Do you lose your balance because of dizziness or do you ever lose consciousness?      Yes      No
5. Do you have a bone or joint problem that will be made worse by a change in your physical activity?      Yes      No
6. Is your doctor currently prescribing medication for your blood pressure or heart condition?      Yes      No
7. Do you know of any other reason why you should not do physical activity? Yes \_\_\_\_\_ No

### Personal Fitness Goals (check all that apply)

- |                                      |                          |                             |
|--------------------------------------|--------------------------|-----------------------------|
| _____ Improve Strength               | _____ Reduce Stress      | _____ Improve Flexibility   |
| _____ Improve Cardiovascular Fitness | _____ Lose Weight        | _____ Stop Smoking/Drinking |
| _____ Improve Muscle Tone/Definition | _____ Injury Prevention  | _____ Improve Eating Habits |
| _____ Rehabilitate Injury            | _____ Gain Weight/Muscle | _____ Increase Energy       |

Additional Goals: \_\_\_\_\_

### Client Expectations

1. Please be ready to begin each training session at the scheduled appointment time.
2. Contact your trainer directly within 24 hours of scheduled appointment if needing to cancel.
3. Client is responsible for payment if 24 hour notice is not given or client does not show for an appointment.

### Waiver and Consent to Participate

I desire to voluntarily engage in YMCA Personal Training to improve my physical fitness. Specific exercises will be given to me based on my needs and interests, as well as my doctor's recommendations. The purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance.

I understand that I am fully responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform my trainer. In consideration for being allowed to participate in YMCA Personal Training, I agree to assume all risk of such exercise and further agree to hold harmless the YMCA of Northwest North Carolina and its staff conducting the exercise 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.

Is there any additional information your trainer should know about you? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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