Personal Training Program
Client Paperwork

Elective/Voluntary Activity Waiver

Medical Clearance

Medical Release

Medical/Health Status Questionnaire

Exercise Habits & Interests Questionnaire

Personal Fitness & Lifestyle Goals Questionnaire

YMCA
We build strong kids,
strong families, strong communities.

Elective/Voluntary Activity Waiver

Participant's Name (Please Print) _____

Southeast Family Branch – YMCA of Greater Louisville

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in YMCA Personal Training Programs, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the YMCA and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in YMCA Personal Training Programs.

_____ _____

Signature of Parent of Minor (under 18) Date Signature of Participant Date

_____ _____

Printed Name - Parent of Minor (under 18) Date Printed Name - Participant Date

Assumption of Risks: Participation in Personal Training Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, drowning and death. We strongly recommended that you consult your personal physician before starting any personal training program.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Personal Training Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the YMCA HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in YMCA Personal Training Programs and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and -**intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____ _____

Signature of Parent of Minor (under 18) Date Signature of Participant Date

_____ _____

Printed Name - Parent of Minor (under 18) Date Printed Name - Participant Date

Medical Clearance

Write "Y" for yes or "N" for no to all medical problems that you have experienced within one year (unless indicated). If you answer "Yes" to any question, please have your doctor complete the medical release for on the last page of this packet. Please do not leave any questions blank.

____ History of heart problems, chest pain or stroke
____ Any chronic illness or condition
____ Advice from physician not to exercise
____ Pregnancy (now or within last 3 months)
____ Muscle, joint, or back disorder, or previous injury still affecting you
____ Loss of balance due to dizziness
____ Loss of consciousness
____ Increased blood pressure
____ Difficulty with physical exercise
____ Recent surgery (last 12 months)
____ History of breathing or lung problems
____ Diabetes or thyroid condition
____ Increased blood cholesterol
____ Hernia or any condition that my be aggravated by lifting weights
____ Do you smoke or have you quit smoking within the last 3 months?
____ Are you taking any medication for blood pressure or a heart condition?
____ History of heart problems in immediate family (myocardial infarction, coronary revascularization or sudden death before 55 years of age in father or other male 1st degree relative (i.e. brother or son) or before 65 years of age in mother or other female 1st degree relative (i.e. sister or daughter)

If You Answered:

YES to two or more questions…

Your physician must complete our medical release form prior to your initial session with a YMCA personal trainer for a fitness assessment or to begin your exercise program.

- You may be able to participate in physical activity. With a medical doctor's approval, the safest approach is to begin slowly and gradually increase the intensity & duration of your exercises. Or, you may need to restrict your activities to those that are safest. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to ALL questions…

If you answered "NO" to all above questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest approach.
- Schedule your initial meeting with a YMCA personal trainer for a fitness assessment or to begin your exercise program *(without a medical doctor's clearance).

  * The YMCA recommends that you consult your physician prior to beginning an exercise program.

I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.

Print Name: _____

Signature: _____ Date: _____/_____/_____

Medical History - Detail

☐ Are you currently being treated for high blood pressure?

If you know your average blood pressure, please enter: _____/_____

Please check all conditions or diagnoses that apply:

- ☐ Abnormal EKG?
- ☐ Abnormal Chest X-Ray?
- ☐ Rheumatic Fever?
- ☐ Low Blood Pressure?
- ☐ Asthma?
- ☐ Bronchitis?
- ☐ Emphysema?
- ☐ Other Lung Problems?
- ☐ Limited Range of Motion?
- ☐ Arthritis?
- ☐ Bursitis?
- ☐ Swollen or Painful Joints?
- ☐ Foot Problems?
- ☐ Knee Problems?
- ☐ Back Problems?
- ☐ Shoulder Problems?
- ☐ Recently Broken Bones?
- ☐ Stroke?
- ☐ Do You Suffer from Epilepsy or Seizures?
- ☐ Chronic Headaches or Migraines?
- ☐ Persistent Fatigue?
- ☐ Stomach Problems?
- ☐ Hernia?
- ☐ Anemia?
- ☐ Are You Pregnant?

☐ Has a doctor imposed any activity restrictions? If so, please describe:

_____

_____

_____

Medications

Please Select Any Medications You Are Currently Using:

☐ Diuretics	☐ Other Cardiovascular
☐ Beta Blockers	☐ NSAIDS/Anti-inflammatories (Motrin, Advil)
☐ Vasodilators	☐ Cholesterol
☐ Alpha Blockers	☐ Diabetes/Insulin
☐ Calcium Channel Blockers	☐ Other Drugs (record below).

Please list the specific medications that you currently take:

_____

_____

Lifestyle

Dietary Habits. Please Select All That Apply.

- ☐ I seldom consume red or high-fat meats.
- ☐ I eat at least 5 servings of fruits/vegetables per day.
- ☐ I pursue a low-fat diet.
- ☐ I almost always eat a full, healthy breakfast.
- ☐ My diet includes many high-fiber foods.
- ☐ I rarely eat high-sugar or high-fat desserts.

Other

Please Indicate Any Other Medical Conditions or Activity Restrictions That You May Have. It is important that this information be as accurate and complete as possible

_____

_____

_____

_____

☐ Is any of this information critical to understanding your readiness for exercise? Are there any other restrictions on activity that we should know about?

Exercise Habits & Interests Questionnaire

Today's Date: ____/____/____ Your Name: _____

Recent Exercise Habits:

How many times per week are you active enough to break a sweat? _____

When you exercise, how long are you active? _____ minutes

On a scale of 1 to 10, how intense is your typical activity? _____

How many years have you exercised? _____

In a Typical Week, How Many Minutes Do You Spend in the Following Activities?

Running/Jogging _____	Walking _____
Aerobics _____	Racquet Sports _____
Swimming _____	Weight Training _____
Biking _____	Skiing _____
Stair Climber _____	Yoga/Pilates _____

Place a Check Next to Your Activity Preferences or Interests:

☐ Aerobics Class	☐ Free Weights	☐ Golf
☐ Group Activities	☐ Martial Arts	☐ Outdoor Cycling
☐ Running	☐ Spinning	☐ Step Aerobics
☐ Swimming	☐ Tennis	☐ Walking
☐ Others		

Personal Fitness & Lifestyle Goals Questionnaire

Today's Date: _____/_____/_____ Your Name: _____

In striving to achieve a higher state of wellness or fitness, a set of clearly articulated goals is essential. These goals will help to guide your lifestyle choices such as when and what to eat, how often and how intensely to exercise, and how to overcome the challenges and barriers you will surely encounter.

Please indicate your personal health and fitness goals:

☐ Lose Weight	☐ Stop Smoking	☐ Feel Better
☐ General Fitness	☐ Sports Specific	☐ Flexibility
☐ Reduce Stress	☐ Lower Cholesterol	☐ Muscular Size
☐ Muscular Strength	☐ Look Better	☐ Reduce Back Pain
☐ Improve Diet	☐ Aerobic Fitness	☐ Injury Rehab

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit "To arrive, ready to exercise, on Mondays, Wednesdays and Fridays by 6:30pm." These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify you personal commitment.

Concrete Commitments to Reach Your Goals:

1. **_____**
2. **_____**
3. **Time Commitment – # Days Per Week _____ # Minutes Per Day _____**

Signed: _____ Witnessed: _____

If you answered yes to any questions on page 2, please have your doctor complete the medical release form on the next page and return it to Abby Hipp before the initial meeting with a YMCA Personal Trainer.

Medical Release

Dear Doctor:

Your patient _____ wishes to start a personalized training program through the Southeast YMCA Personal Training Program. Exercise recommendations provided by the trainer will start easy

and become progressively more intense depending on the client's goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the client can participate, but I urge caution because:

_____

_____

* My patient is taking medications that will effect heart rate response to exercise.

The effects are indicated below:

Type of medication _____

Effect _____

Restrictions for exercise _____

_____ The client should not engage in the following activities:

_____

_____

_____ I recommend that the client NOT participate.

Physician Signature: _____ Date: _____/_____/_____

Print Name: _____ Phone:_____

Thank You. Please Fax To: 502.495.6607 Attn: Abby Hipp