

INFORMATION

Registration: Register for the Personal Fitness program or Personal Training sessions by picking-up an Information Packet at any YMCA location or by visiting our website, www.ymcanet.org. Please fill-out and return the packet to your preferred YMCA facility.

A YMCA staff member will contact you within three (3) business days of your registration to schedule your first appointment. If you do not receive an email or call from a YMCA staff, please call 330-385-6400.

Note: Sessions MUST be purchased and all forms (including the Medical Clearance form, if applicable) MUST be submitted BEFORE scheduling can occur.

POLICIES & PROCEDURES

PAR-Q & Medical Clearance: A medical clearance form is required of all participants who answer 'yes' to any of the seven PAR-Q questions. **Note:** YMCA staff reserve the right to require medical clearance from any client they feel may be at risk.

Session Duration: All Personal Fitness / Personal Training sessions are approximately one hour in duration.

Attire: Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, sweatshirt, supportive sneakers).

Late Policy: Participants are responsible for arriving on-time to their sessions. YMCA staff is obligated to wait 15 minutes after the session start time. After 15 minutes, the session may be lost and is non-refundable.

Cancellation Policy: Participants are asked to call 24 hours in advance of the scheduled session to cancel.

Expiration/Refund Policy: Individuals registering for Personal Training must complete all sessions within six (6) months from the date of purchase. All sessions are non-refundable / non-transferable.

PROGRAMS OFFERED

PERSONAL FITNESS PROGRAM

4 SESSIONSFREE WITH YMCA MEMBERSHIP

Description: This program is ideal for those new to exercise or have not been active for quite a while. The 12-week program will help develop a personal fitness program that includes a combination or selection of cardiovascular equipment, strength training equipment, and/or group exercise classes. After 12 weeks you'll have the confidence and motivation to continue making fitness a regular, healthy habit.

PERSONAL TRAINING

SINGLE SESSION\$25
3 OR MORE SESSIONS\$20 PER SESSION

Description: Personal training is for anyone interested in learning how to make the most out of their workouts. Whether the need is to lose weight, tone up, train for a specific event or occasion, or change your current exercise routine, personal training will benefit you! Our affordable rates make personal training accessible for everyone!





PERSONAL FITNESS PROGRAM / PERSONAL TRAINING

Welcome to the Personal Fitness Program / Personal Training of the East Liverpool Area YMCA. We have a knowledgeable, trained staff that will design an exercise program to meet your personal needs and goals. To get the most from your session(s), please observe the following:

Physician's Consent is required for men over 45 and women over 55 **OR** for anyone with a pre-existing medical condition prior to the initial session.

Within 3 business days of receiving the information packet, YMCA staff will contact you directly to schedule an initial session.

To cancel a training session, you must contact the YMCA with 24 hours advance notice. Sessions canceled with less than 24 hours notice will be counted as used sessions.

Your sessions must be used within six months of your purchase date.

Please arrive on time for your scheduled appointment. Staff will wait 15 minutes for late arrivals. After 15 minutes, the session will be counted as a "no show" and a used session.

Sessions are approximately 1 hour in duration.

Sessions are **nonrefundable**.

PARTICIPANT ASSUMPTION OF RISK & RELEASE STATEMENT

"In consideration of my participation in the activities of the Young Men's Christian Association - East Liverpool Area, I do hereby declare myself to be medically able to participate in the activities of the YMCA - East Liverpool Area. (I understand that there are risks involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities I undertake). I agree to hold free from any and all liability the YMCA - East Liverpool Area and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA - East Liverpool Area."

By signing below, you agree to the above:

Signature

Date

For comments, questions or concerns please contact the YMCA at 330-385-0663 or 330-385-6400.

Participant Information

Program of Interest: Personal Fitness Program Personal Training

Name _____
Address _____ City, State _____ Zip _____
Telephone (Day) _____ (Eve) _____
Gender _____ Age _____ Date of Birth _____

CARDIOVASULAR RISK

Please check any that apply and age of onset:

	You	Mother	Father	Grandparent
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bypass Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you presently smoke cigarettes? _____ If so, how many per day? _____

Have you ever quit smoking? _____ If so, how long ago did you quit? _____

Height _____ Current Weight _____ What was your weight at age 21? _____

PERSONAL HISTORY

Date of last physical examination _____ Stress Test _____ Resting EKG _____

Date of last blood cholesterol test _____ Total Serum Cholesterol _____ HDL _____

Date of last blood pressure test _____ Blood Pressure _____

Has your doctor ever restricted your physical activity? _____ If yes, please explain _____

Do you have any allergies? _____ If so, please list _____

Do you ever experience chest pains or tightness? _____

Do you ever experience unusual shortness of breath during mild physical activity? _____

Are you presently taking any medication? _____ If so, please list type and purpose _____

Do you ever experience dizziness during vigorous physical activity? _____

Have you ever passed out during vigorous physical activity? _____

Do you have any (other) medical conditions which limit your ability to exercise? _____

If so, please explain _____

If you are female, are you currently pregnant? _____

INJURIES

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

- broken bones _____
- muscle strain/sprain _____
- ligament, tendon, or cartilage injury _____
- joint injury or chronic pain _____
- back injury or chronic pain _____
- nerve entrapment (e.g. carpal tunnel syndrome) _____
- other _____

Are you currently being treated for any of the above injuries? _____ If so, please specify the type of treatment _____

LIFESTYLE

If you are currently employed, do you consider your job to be sedentary or active?

- Are you
- generally sedentary
 - a weekend or vacation exerciser
 - physically active once or twice a week
 - physically active more often

Do you currently have a regular exercise program? _____ If yes, please describe _____

TRAINING INTEREST AND GOALS

Please check any activities in which you are interested in participating:

- weight training aerobics rowing stairmaster running
- stationary bike swimming triathlons walking other _____

How much time do you want to spend working out? _____

Do you have any exercise equipment at home? _____

Do you feel that there are any specific exercises that would not interest you or might cause you pain or discomfort? _____

What goals do you have concerning your training and health? _____

Signature _____ Date _____

PAR - Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q 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 and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant— talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)





Physician's Form

To the Physician:

The East Liverpool Area YMCA offers individualized exercise / wellness programs to YMCA members and the community. YMCA exercise / wellness program activities include aerobic, strength and flexibility exercises in a small group or one-to-one setting. Please fill out this form releasing your patient to participate in a YMCA exercise / wellness program.

Patient Information

Name _____ Date _____

Please circle and elaborate on any of the following conditions that may apply:

- 1. Hypertension
- 2. Coronary artery disease/Peripheral vascular disease
- 3. Diabetes
- 4. Orthopedic/Skeletal muscle injury
- 5. Other (describe below)

Present Medications:

Restrictions or limitations to exercise or exercise testing:

The individual listed above is capable of participating in a supervised, individually prescribed exercise program.

Physician's signature _____ Date _____

PRINT name of physician _____

Office phone number _____

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