

**TWINS RIVERS YMCA**  
**Personal Training Packet**

**Please fill out the following information as completely as possible. Bring this to your first meeting with your Personal Trainer to review together. The information provided will be used to design a fitness program suitable for you.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Physician Information**

Name of Personal Physician: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

**Personal Health History**

Please indicate if you have any of the following conditions. (Check all that apply)

- Asthma
- Arthritis
- Cancer
- Diabetes
- Stroke
- Hypertension
- Heart Disease
- High Cholesterol
- Osteoporosis
- Blood Clots
- Other: \_\_\_\_\_

Please provide a brief explanation for any of the above that have been checked.

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Please indicate if you have had any joint injuries or surgeries that may limit or affect your ability to exercise:

- Neck
- Shoulder
- Elbow
- Wrist/Hand
- Low Back
- Hip
- Knee
- Ankle/Foot
- Other: \_\_\_\_\_

Please provide a brief explanation for any of the above that have been checked.

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Please indicate any medications that you are currently using that may have an influence on your fitness training.

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Are you currently pregnant? \_\_\_\_\_

If yes, when is your expected due date? \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Are you a past smoker? \_\_\_\_\_ If yes, when did you quit? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Do you have any past or present medical conditions, not already addressed, which may influence your ability to safely participate in an exercise program? If yes, please explain:

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Please provide a brief explanation of your current exercise program. Include types of activity and frequency.

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Trainer Notes:

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## **Notice of Understanding and Consent**

By signing this consent, I acknowledge that I am informed of the following:

1. All payments must be made in full prior to the commencement of personal training program.
2. All personal training packages must be used within 6 months of purchase date. All sessions not used within 6 months are automatically forfeited.
3. No refunds will be given for unused sessions.
4. Personal Training sessions may be rescheduled; however, if less than 4-hours notice is given to your trainer, or do not show up for your session, the session missed will be counted as part of your package.
5. If your Personal Trainer is unable to keep an appointment and gives you less than 4-hours notice for the cancellation of an appointment, you will be given a free personal training session.
6. If you arrive late to your scheduled personal training session, the session will still end on time.

I, \_\_\_\_\_, understand and agree to the terms of this understanding and consent. I abide by such terms in order to begin and successfully continue my personal training program after it is initiated. I understand that I may discontinue at any time without a refund of prepaid sessions.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## Participant's Agreement

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that when I attend any TWIN RIVERS YMCA facilities or program, I do so at my own risk. I release the YMCA, its staff, directors, officers, and agents from all liability for any injury, or damage connected in any way whatsoever to participation in YMCA activities, whether on or off YMCA premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the YMCA, its staff, directors, officers, members, agent's representatives or guest. I authorize the staff to the TWIN RIVERS YMCA, or appropriate medical personnel, to administer emergency medical treatment to my child or myself. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the TWIN RIVERS YMCA to use photographs of my child or myself in YMCA brochures, flyers, photo collections and other marketing initiatives. I have read, understand and voluntarily sign this agreement.

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Member Signature

Date