



## Personal Training/Small Group Training Personal Interest Training Form

Welcome to personal training at the North Suburban YMCA! Our personal trainers look forward to working with you and helping you meet your wellness goals!

Personal Training is more than just having someone tell you what exercises you should do. Our nationally certified trainers design an individually specialized workout plan that will meet your specific goals – whatever they are. The following interest form and health screening information will help us learn about your health and wellness goals and match you with the right trainer to set you on your way to meeting those goals.

These are the steps to get started:

1. Complete and return the Personal Training Packet (attached), including:
  - Personal Training Interest Form
  - Pre-participation Screening Questionnaire
  - Informed Consent / Personal Training Policies
  - PAR-Q & YOU
  - Members under age 18: Permission to Provide Medical Treatment
2. Submit paperwork to Front Desk or email to [mvazquez@nsymca.org](mailto:mvazquez@nsymca.org)
3. When we receive your packet, a personal trainer will contact you within 3-5 business days to schedule your free personal training session. Your first training session will be scheduled directly with your trainer. Your trainer will contact you via email, text, or by phone, please indicate the preferred method of contact on the demographic information sheet.
4. **DO NOT purchase a training package at the Front Desk until after your first personal training session.**

If you have any questions or have not been contacted by a trainer with 3-5 business days of submitting form, please contact:

Megan Vazquez  
Sr. Director of Sports & Wellness  
847.272.7250 ext.1217  
[mvazquez@nsymca.org](mailto:mvazquez@nsymca.org)



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of contact (*please circle*):      Email                  Phone Call                  Text

Have you already spoken to a NSYMCA Personal Trainer? Please Circle: Yes or No

If yes, name of trainer: \_\_\_\_\_

If no, do you have a Trainer Preference:

- Male
- Female
- No preference
- Specific trainer: \_\_\_\_\_

How many days per week would you like to meet with a trainer?     once     twice     three times     not sure

When would you like to meet with a trainer (mark preferred days/times)?

Sun.       Mon.       Tues.       Wed.       Thurs.       Fri.       Sat.

Early morning (6:00am – 9:00am)                       Late morning (9:00am –12:00pm)

Afternoon (12:00pm – 4:00pm)                       Evening (4:00pm – 9:00pm)

### GOAL SETTING AND HEALTH HISTORY INFORMATION

1. Why do you want to work with a personal trainer? \_\_\_\_\_  
\_\_\_\_\_

2. Rank your top 5 goals (1 = most important):

- |                                   |                                 |                                |
|-----------------------------------|---------------------------------|--------------------------------|
| _____ Add variety to my workout   | _____ Increase energy           | _____ Reduce body fat          |
| _____ Build muscle                | _____ Increase flexibility      | _____ Reduce stress            |
| _____ Improve balance             | _____ Injury rehab              | _____ Sports specific training |
| _____ Improve endurance           | _____ Lose weight: _____ pounds | _____ Tone muscle              |
| _____ Improve overall health      | _____ Pre/post natal            | _____ Other: _____             |
| _____ Improve technique/knowledge |                                 |                                |

3. What things would you like to improve in regard to your overall well-being? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your current fitness level?     Not active     Occasionally     Often     Always     Used to be

5. What types of activities do you **currently** participate in? \_\_\_\_\_  
\_\_\_\_\_

6. Have you had a physical exam in the last year?     No     Yes

7. Does your physician approve your participation in a fitness program?     No     Yes

8. Do you have any conditions/injuries (previous or current) we should know about?     No     Yes *explain below*



# Pre-participation Screening Questionnaire

(Modified from American College of Sports Medicine and American Heart Association Joint Position Statement)

Print Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Have you had in the past:

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty
- Pacemaker / implantable cardiac
- Defibrillator / rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

### Do you have:

- Diabetes
- Asthma or other lung disease
- Burning or cramping sensation in your lower legs when walking short distances
- Musculoskeletal problems that limit your physical activity
- Concerns about the safety of exercise
- Take prescription medication (s)
- You are pregnant

### Do you experience:

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, or blackouts
- Heart medication

### Cardiovascular risk factors:

- You are a man older than 45 years
- You are a women older than 55 years, have had a hysterectomy, or are postmenopausal
- You smoke, or quite smoking within the previous 6 months
- Your blood pressure is > 140/90 mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is > 200 mg/dL
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (< 30 minutes of physical activity on at least 3 days/week)
- You are > 20 pounds overweight

**I have none of the above**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent of guardian if Participant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Trainer

\_\_\_\_\_  
Date



# Informed Consent

I, \_\_\_\_\_ (print name), acknowledge that I have voluntarily chosen to participate in a personal training program of progressive physical exercise, which can enhance the musculoskeletal and cardiorespiratory systems. I acknowledge being informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, heart rate, fainting, heart attack or death. 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 trainer of the symptoms. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the trainer or the North Suburban YMCA. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

\_\_\_\_\_  
Participant's Signature (Signature of parent or legal guardian if participant is under the age of 18)

\_\_\_\_\_  
Date

# Personal Training Policies

- You must provide **24-hour** notice to your trainer to reschedule a session. If you fail to provide adequate notice, you will be charged for the scheduled session. If your trainer misses your scheduled appointment without 24-hour notice, you will receive a free make-up session.
- All sessions will begin and end on time. Arriving late will result in an abbreviated training session.
- **The first session with your trainer is complimentary, please do not purchase sessions prior to this first meeting. After the first session, all sessions must be paid for in advance and a receipt must be presented to the trainer.** Your trainer may no longer meet with you if you have run out of sessions.
- All sessions expire 6 months from the date of purchase and are **non-refundable and non-transferrable.**
- If your personal trainer becomes ill, is away for an extended period of time, or leaves the North Suburban YMCA, another trainer that you approve will be assigned to you so that your fitness progress does not suffer. Refunds will not be issued due to a change in personal trainer.

**I have read and agree to the above policies.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent of guardian if Participant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Trainer

\_\_\_\_\_  
Date

Physical Activity Readiness  
Questionnaire - PAR-Q  
(revised 2002)

# 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 and 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 (for example, back, knee or hip) 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### 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.

**No changes permitted. You are encouraged to photocopy 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 \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



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## Please fill out for anyone under age 18

### Permission to provide medical treatment

I hereby grant the Personal Trainer or a representative of the North Suburban YMCA to provide medical treatment to \_\_\_\_\_ (print child's name) for any injury or illness incurred while participating in a North Suburban YMCA Youth Fitness or Sports activity.

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

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

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

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

Policy Number: \_\_\_\_\_

Permission Granted: \_\_\_\_\_ Date: \_\_\_\_\_  
(must be signed by parent or legal guardian)