



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

# PERSONAL TRAINING

## FAMILY YMCA OF BLACK HAWK COUNTY

Let one of our certified personal trainers provide you with individual coaching to help you set and meet your wellness goals. During specifically designed workouts that fit your needs, you will learn various exercises that build strength and endurance, reduce body fat, and improve overall cardiovascular fitness. Sessions are one hour long, but can be broken down into 30 minute increments, and are available for individuals or two people. To get started, please fill out the personal training registration form attached to this flyer.

Number of Sessions	Individual Member	Partner Members	Family Personal Training
3 sessions	\$90	\$105	
6 sessions	\$168	\$198	\$ 99
10 sessions	\$260	\$280	
20 sessions	\$480	\$520	



**FAMILY YMCA OF BLACK HAWK COUNTY**  
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# PERSONAL TRAINING REGISTRATION FORM

PLEASE COMPLETE FORM AND RETURN IT TO THE WELCOME CENTER DESK

## CLIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: **M** **F**

Address: \_\_\_\_\_  
Street City State Zip

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: **M** **F**

Address: \_\_\_\_\_  
Street City State Zip

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

Names, Ages and Birthdates of Children: \_\_\_\_\_

## CLIENT AVAILABILITY AND TRAINER PREFERENCE

Please indicate specific time you're available

Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_ Sun \_\_\_\_\_  
Tues \_\_\_\_\_ Thur \_\_\_\_\_ Sat \_\_\_\_\_

Trainer Preference: Male Female Specific Trainer: \_\_\_\_\_  
I have no Personal Trainer Preference: \_\_\_\_\_

## GENERAL MEDICAL HISTORY

YES	NO	1. Has a physician ever said you have a heart condition and that you should only do physical activity recommended by a physician?
YES	NO	2. When you do physical activity, do you feel pain in your chest?
YES	NO	3. Have you had chest pain in the last month when you were not doing physical activity?
YES	NO	4. Do you ever lose consciousness or do you lose your balance because of dizziness?
YES	NO	5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
YES	NO	6. Is a physician currently prescribing medications for your blood pressure or heart condition?
YES	NO	7. Are you pregnant?
YES	NO	8. Do you have insulin dependent diabetes?
YES	NO	9. Are you 69 years of age or older?
YES	NO	10. Do you know of any reason you should not exercise or increase your physical activity?

**NOTE: If you answered YES to any of the above questions, you will need to get a doctor's release before participating in this program.**

**Please check any of the following conditions you currently have or have experienced in the past: (check all that apply)**

- Rheumatic fever
- Recent surgery
- Edema (swelling of ankles)
- High blood pressure
- Low blood pressure
- Low back pain
- Seizures
- Heat stroke
- Heart attack, coronary bypass, or other cardiac surgery
- Arthritis
- Migraine or recurring headache
- Anemia
- Hernia
- Bronchitis

- Pain/discomfort in the chest, neck, jaw
- Known heart murmur
- Increased anxiety
- Depression
- Stroke
- Fainting or dizziness
- Diabetes
- High cholesterol
- Unusual shortness of breath
- Chest pains
- Asthma
- Bursitis
- Pneumonia
- Lung disease
- Extra, skipped, or rapid heart beats

**Have you injured or do you have current pain in any of the following areas:**

- Neck
- Shoulder
- Elbow
- Wrist
- Chest/Ribs
- Upper Back
- Lower Back
- Hip
- Knee
- Ankle
- Foot

**Please explain any checked items:**

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## MEDICATIONS

**Please list any prescribed medications that you are currently taken:**

Medication	Reason	Taken for how long

## WEIGHT HISTORY

Has your weight changed significantly in the past year?    YES    NO    NOT SURE

If yes, did you gain or lose weight?    GAIN    LOSE    AMOUNT \_\_\_\_\_ lbs.

If yes, was the weight loss intentional or unintentional?    INTENTIONAL    UNINTENTIONAL

EXPLAIN (if necessary):

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## NUTRITION

How many times do you usually eat per day? \_\_\_\_\_

Select the meals and snacks that you consume in an average day:

BREAKFAST    SNACK    LUNCH    SNACK    DINNER    SNACK

Do you regularly skip meals?    YES    NO

If you answered yes, list which meals you skip most often and why:

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On a scale of 1 - 10, how motivated are you to make changes to your diet at this time?

(1= not motivated, 10 = greatest motivation you have ever had)

Your Rating: \_\_\_\_\_

## LIFESTYLE

Do you smoke?    YES    NO

Describe your job (1=sedentary, 10=very active): \_\_\_\_\_

How would you rate your current stress level (1=very low, 10=very high): \_\_\_\_\_

## PHYSICAL ACTIVITY

On a scale of 1 to 10, how would you rate your current fitness level (1=very low, 10=very high): \_\_\_\_\_

How long has it been since the last time you performed any type of physical activity that increased your heart rate?

\_\_\_ 1 Day    \_\_\_ 1 Week    \_\_\_ 1 Month    \_\_\_ 6 Months    \_\_\_ 1 Year    \_\_\_ Over 1 Year

Have you ever performed resistance training exercises in the past?      YES    NO

Have you ever started an exercise program and then stopped?      YES    NO

If yes, please list any reasons why you stopped...

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On a scale of 1 - 10, how motivated are you to make changes to your physical activity level at this time? (1= not motivated, 10 = greatest motivation you have ever had)

Your Rating: \_\_\_\_\_

## GOALS

What goals would you like to accomplish through participation in this program?

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### INFORMED CONSENT and WAIVER OF LIABILITY:

I have read, understood, and completed this questionnaire and answered in a truthful manner to the best of my knowledge. I am currently capable of participating in the YMCA wellness program. I understand the potential risks of injury and agree to assume responsibility for any medical expense associated with any injury incidental to the program. I do further release, absolve, I indemnify and hold harmless, The Family YMCA of Black Hawk County, and/or any of the employees, volunteers, agents, insurers, or any other person associated with any or all of them, from and against any claims, demands, liability, cost of suits, damages, loss and/or judgments arising out of participation. In the event of an emergency where I am unable to make a sound decision and/or my emergency contact can not be reached, I authorize YMCA staff to seek emergency assistance at my expense.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### STAFF USE ONLY

Number of Sessions Purchased:

3    6    10    20    Family PT

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_