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# Personal Training Information Packet

Dubuque Community YMCA/YWCA  
35 North Booth Street Dubuque, Iowa 52001  
P 563.556.3371 F 563.556.2728  
[www.DubuqueY.org](http://www.DubuqueY.org)

Dubuque Community YMCA/YWCA  
4170 Pennsylvania Ave Dubuque, Iowa 52001  
P 563.582.5541  
[www.DubuqueY.org](http://www.DubuqueY.org)

Dear Member:

Congratulations! You have just taken the first step toward an excellent and personalized fitness program. Here are the next steps in the process:

1. Fill out the questionnaire/goals and informed consent forms. You will hand these in before your first meeting with your personal trainer.
  - A. You may be asked to obtain a doctor's clearance based on your health screening form before you can begin the program.
2. The Director of Healthy Living will be notified of your registration in the program and will assign a personal trainer to you.
3. Your Certified Personal Trainer will then contact you to schedule your appointments.

The role of a Dubuque Community YMCA/YWCA Certified Personal Trainer is one of an educator and supporter. Their job is to provide you with the tools needed to make positive lifestyle changes through proper information, education, and support. We wish you the best of luck with your new program.

Thank you for your interest in our program. If you have any further questions, please feel free to contact me at anytime.

Sincerely,

Casey Breitbach  
Wellness Director  
Dubuque Community YMCA/YWCA  
563-556-3371  
CBreitbach@DubuqueY.org

## **Informed Consent**

I, \_\_\_\_\_, am committed to making a positive change in my health through my participation in the Dubuque Community YMCA/YWCA Personal Training Program. I understand that certain elements of this program can be physically demanding and that I will need to change various aspects of my lifestyle in order to reach the goals I have set for myself in this program. I understand that in undertaking this personal training program, some risk may be involved, as with any activity, and I fully assume that risk.

I understand that any fitness evaluation and/or assessment performed by a Dubuque Community YMCA/YWCA employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my fitness program. I agree to consult my physician for further evaluation and such medical care as I require.

I understand that the activities of Dubuque Community YMCA/YWCA of the have inherent risks and I hereby assume all risks and hazards as incident to my participation in all Dubuque Community YMCA/YWCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the Dubuque Community YMCA/YWCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in the Dubuque Community YMCA/YWCA activities.

I have read this waiver and understand it.

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Signature

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If under 18, Parent/Guardian Signature

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Date

## **Dubuque Community YMCA/YWCA Personal Training Guidelines**

1. All participants must be a current member.
2. The training session is conducted at either Dubuque Community YMCA/YWCA locations; all facility guidelines must be followed.
3. Only the designated client can work with the employed Dubuque Community YMCA/YWCA Certified Personal Trainer.
4. All paperwork (including receipt of payment) must be completed before the sessions begin.
5. In the case that the client cannot meet for a scheduled session, a 24-hour notice must be given to the personal trainer or the client forfeits the session. An appointment "no show" will count as a session serviced.
6. If a trainer cannot meet for a scheduled session, 24-hour advanced notice will be given to the client.
7. Trainers will wait up to fifteen (15) minutes past the scheduled session time for a client. The amount of time that a client is late will be deducted from the scheduled 60-minute session.
8. Personal training packages will only be refunded if the member were to move out of the area or has a Doctor's note. In the case of emergencies, exceptions can be made, as agreed upon between the member and the Wellness Director.
9. Personal training packages must be used within 6 months of purchase date.

Date: \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(please print )

**Personal Training:**

- \_\_\_\_\_ \$45 1-Hour Session with Trainer
- \_\_\_\_\_ \$200 5 (1-Hour) Sessions with Trainer
- \_\_\_\_\_ \$350 10 (1-Hour) Sessions with Trainer
- \_\_\_\_\_ \$600 20 (1-Hour) Sessions with Trainer

**Tandem (Partners) Training:**

- \_\_\_\_\_ \$30 each 1-Hour Session with Trainer
- \_\_\_\_\_ \$125 each 5 (1-Hour) Sessions
- \_\_\_\_\_ \$200 each 10 (1-Hour) Sessions
- \_\_\_\_\_ \$300 each 20 (1-Hour) Sessions

**Group (3+ people) Training:**

- \_\_\_\_\_ \$20 1-Hour Session with Trainer
- \_\_\_\_\_ \$75 5 (1-Hour) Sessions with Trainer
- \_\_\_\_\_ \$100 10 (1-Hour) Sessions with Trainer
- \_\_\_\_\_ \$175 20 (1-Hour) Sessions with Trainer

**Are you currently working with a personal trainer?**

Yes / No      Name of Trainer: \_\_\_\_\_

**If this is your first session and you would like to request a specific trainer, please do so here:** \_\_\_\_\_

**What days are best for you to train?**

*Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday*

**What time of day would you like to train?**

*Morning   Early Afternoon   Late Afternoon   Evening   Other: (Specific Time) \_\_\_\_\_*

**\*\*Please Note:** Appointments require a 24-hour cancellation notice or the session will be forfeited. All sessions and packages must be used within 6 months of purchase. All sessions are Non-refundable, with the exception of a medical clearance.

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

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**Member Service Use Only**

Amount Paid \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

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## Questionnaire/Program Goals

Name: \_\_\_\_\_ Sex: M / F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ (Cell) \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

This form is intended to obtain relevant information to help us understand your personal fitness goals in order to design a specific and successful physical activity program. It is also a "contract" in which we ask you to make a commitment to three concrete steps towards health and fitness. This information will not be disclosed to any other individual other than the Wellness Director and the Personal Trainer unless written consent is obtained from the participant. Please answer all questions to the best of your knowledge.

1. Would you prefer a male or female? M / F
2. Occupation? Physical\_\_\_\_ Non-Physical\_\_\_\_
3. What time of the day/day(s) of the week are you available to meet with a trainer?
4. Are you currently exercising? Yes\_\_\_\_ No\_\_\_\_  
If (Yes) how long have you been exercising?\_\_\_\_\_

Briefly describe your program:

5. What types of fitness activities do you enjoy?

Dislike?

6. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest) by circling the number that applies most closely:

- |                                     |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|
| a. Daily Stress Levels:             | 1 | 2 | 3 | 4 | 5 |
| b. Competitive Personality:         | 1 | 2 | 3 | 4 | 5 |
| c. Aerobic Endurance Fitness Level: | 1 | 2 | 3 | 4 | 5 |
| d. Muscular Strength Level:         | 1 | 2 | 3 | 4 | 5 |
| e. Flexibility Level:               | 1 | 2 | 3 | 4 | 5 |

7. What are your fitness goals? (1 being most important and 5 being least important)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

8. What are your reasons for working one-on-one with a trainer?

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

Commitment #1:

Commitment #2:

Commitment #3:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature