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
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:

**STEP 1**
Fill out the enclosed questionnaire/program goals and informed consent forms – drop off at the front desk

**STEP 2**
You will be assigned a trainer by the Wellness Director that best fits your goals and schedule

**STEP 3**
A Certified Personal Trainer will contact you to schedule your FREE consultation appointment

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 any time.

Sincerely,

*Casey L Smith*

Casey Smith
Wellness Director
Dubuque Community YMCA/YWCA
563.556.3371
Csmith@DubuqueY.org
Questionnaire/Program Goals

Name: ___________________________________________ Sex: M / F

Date of Birth: ______/_____/_______ Age: ______

Address: ____________________________ City: _______ State: ___ Zip: ______

Phone: _____-____-____ 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 trainer? 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 exercise 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:

Daily Stress Levels: 1 2 3 4 5
Competitive Personality: 1 2 3 4 5
Aerobic Endurance Fitness Level: 1 2 3 4 5
Muscular Strength Level: 1 2 3 4 5
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 pursuing 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:
Please check the package you are interested in:

- $45  1 (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

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? (please circle)
Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time of day would you like to train? (please circle)
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.
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.

______________________________
Signature

______________________________
If under 18, Parent/Guardian Signature

_______
Date
Dubuque Community YMCA/YWCA Personal Training Guidelines

1. All participants must be a current member.

2. The training session is conducted at the Dubuque Community YMCA/YWCA; 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.