

Personal Training

Information Packet

Please take advantage of our free fitness orientations* prior to signing up with a personal trainer. Members receive 2 FREE orientations. This will give you some general guidelines to get started on a fitness routine. **Some members with serious medical concerns and/or physical limitations may be better served by seeking the guidance of a personal trainer in lieu of orientations.*

1. **Please fill out your packet completely.**
2. Turn in your Personal Trainer Packet to an employee at the YMCA, fax to 707-544-7805 or email it to dhaight@scfymca.org
3. The Health & Fitness Director will contact you by phone to answer or ask questions, and assign you a personal trainer.

COMMONLY ASKED QUESTIONS

How much is personal training?

Personal Training rates are \$40/hour for members; \$50/hour for program members; \$70/hour for non-members.

How long is a Personal Training Session?

Typically a Personal Training session is 1-hour in length. You may talk to your personal trainer about setting up a 30-minute session. A 30-minute session is \$25 for members; \$30 for program members; and \$40 for non-members.

How do I pay for a training session?

Training sessions are paid for in the Member Center, prior to session time. Please give your receipt to your Trainer for their records. Personal Trainers cannot accept payments directly or gratuities.

May I pay for more than one session at a time?

Yes.

Is there any way the fee for Personal Training could be less expensive?

We offer financial assistance based on income. Fill out an "Outreach" form in the Membership Office. If you qualify, you may receive up to 30% off our programs, including personal training.

Are there a minimum or recommended number of times I should meet with a Personal Trainer?

No. Some members like to meet with a Personal Trainer every time they workout, some members choose to meet with a Personal Trainer initially to set up a program or refresh a workout rut.

May I bring in a Personal Trainer from another Facility?

Unfortunately you cannot bring in a Personal Trainer from another facility. The Sonoma County Family YMCA employs and contracts the Certified Personal Trainers in our facility. We also provide our trainers the necessary employment and liability insurance to ensure their safety as well as yours.

Do I need to get a medical clearance?

Many factors influence the need for a medical clearance. This determination will be made after your packet has been evaluated

Do you have more questions than those listed above?

Feel free to contact Dawn Haight at 707-545-9622, ext. 3122 or dhaights@scfymca.org

I smoke. Yes No How much? _____

When I do exercise I usually do :

Cardio _____ minutes at _____ intensity (use the scale of 1-10, 1 being the lowest.) _____ times/week

Strength Training (Circle one) Full-body Lower body Only Upper Body Only _____ times/week

Flexibility Training (circle one) Static Stretches Yoga _____times/week

Core Training (circle one) Crunches Balance Pilates _____times/week

I would like to try:	<input type="checkbox"/> Running/Walking	<input type="checkbox"/> Biking	<input type="checkbox"/> Stair Climbing	<input type="checkbox"/> Elliptical training
	<input type="checkbox"/> The Arc Trainer	<input type="checkbox"/> Classes	<input type="checkbox"/> Swimming	<input type="checkbox"/> Strength Training
	<input type="checkbox"/> Rowing			

MEDICAL HISTORY

List any medications that you are now taking that have the following effects: lower blood pressure, lower hear rate, raise metabolism, act as an anti-inflammatory:

Check all that apply:

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Pain upon exertion | <input type="checkbox"/> Loss of balance | |
| <input type="checkbox"/> Tendonitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Back Problems | |
| <input type="checkbox"/> Hip Problems | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Chronic Illness (chronic fatigue, hyperthyroid, etc...) | | | |
| <input type="checkbox"/> Serious Illness (MS, Cancer, Parkinson's, Dementia) | | | |
| <input type="checkbox"/> Other _____ | | | |

Please elaborate on any of the conditions you have checked and how they may affect your workouts:

I think my trainer should know the following about me:

Trainer & Client Expectations Agreement

- Trainer/Client will give cancellation notice prior to scheduled session date. (Exceptions for emergencies)
- Trainer/Client will keep open and clear communication.
- Trainer/Client understands that Trainer is certified in aspects of Physical Fitness, and is not a Doctor, Nutritionist or Therapist.

Signature of Client _____ Signature of Trainer _____

Date _____

Medical Clearance

Dear Medical Advocate:

_____ is interested in participating in a **Personal Training Program** at the Sonoma County Family YMCA.

The Personal Training programs are designed for each individual's needs and begins easily but is geared toward progressively more difficult and intense exercise.

Personal Training may include cardiovascular exercise, strength training and/or flexibility training **depending on contraindicative information given by you**, the medical practitioner.

If you know of **any medical or other reason** why participation in Personal Training (cardio, strength and/or flexibility), by the applicant would be unwise please indicate so on this form.

By completing the information below, you are not assuming any responsibility for our administration of the exercise program.

Report of Physician:

_____ I know of no reason why the applicant may not participate

_____ I believe applicant can participate, but I urge caution because

_____ Applicant should NOT engage in the following activities:

_____ I recommend applicant NOT participate.

Physician Signature _____ Date _____

Phone _____ Fax _____ email _____

If you have questions please call Dawn Haight at 545-9622 ext. 3122
Fax 544-7805 dhaight@scfymca.org