



REACH YOUR GOALS



Let Us Help You Be Your Best!

PERSONAL TRAINING

Whether you're seeking general conditioning, sports-specific training, motivation or healthy lifestyle advice, our diverse team is trained to work with people of all ages and fitness levels.

Trained exercise specialists and personal trainers can help start you on a path towards reaching your health and wellness goals.

PRICING	PRO CODE	FAMILY	MEMBER
INDIVIDUAL	PT BY APPOINTMENT ONLY		
1 Session (Approx. 1 HR)	1FIPT01	\$28	\$30
4 Sessions (Save 5%)	1FIPT04	\$107	\$114
8 Sessions (Save 10%)	1FIPT08	\$201	\$216
12 Sessions (Save 20%)	1FIPT12	\$269	\$288
30 Minute Motivator Package Rates Available	1FI30MM	\$20	\$22
BUDDY TRAINING Package Rates Available	1FIPTBT 1 Hr/2 people	\$43	\$45
YOUTH TRAINING 30 MIN	1FIYTPT01	Family Member \$18 Youth Member \$20 Other \$36	



Please stop at Member Service Center. An appointment with the trainer will be scheduled after complete training forms and turn in payment.

REMINDER: If unable to make your scheduled time, we ask that you give your trainer at least 24 hours notice or you will be charged for your session.

TUSCARAWAS COUNTY YMCA 330-364-5511 WWW.TUSCYMCA.ORG



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Y PERSONAL TRAINING FORM

(Please turn in form when making your payment and appointment)

Last Name: _____

First Name: _____

Address: _____

Date of Birth: __/__/____ Age__

City: _____

Gender: " Male " Female

State: ____ Zip Code: _____

Weight: _____ pounds

Height: _____ feet _____ inches

Contact Numbers:

Home: _____

Best time to call: _____

Work: _____

Best time to call: _____

DO NOT WRITE BELOW THIS LINE

FOR STAFF USE ONLY

TRAINER _____ GROUP _____

OTHER _____



HEALTH SCREEN FORM

TUSCARAWAS COUNTY YMCA
600 Monroe Street, Dover, Ohio 44622
Phone 330-364-5511 Fax 330-364-6291 www.tuscymca.org

This form is intended to obtain relevant information about your health that will assist the Y Staff in helping you with your exercise programs. Please answer all questions to the best of your knowledge.

Name: _____ Phone: _____

Have you ever had or do you now have high blood pressure? Yes No

Are you taking medication for high blood pressure? Yes No

Do you use tobacco products? Yes No

How long ago did you stop using tobacco products? Years ____ Months ____

Do you have diabetes? Yes No

Do you have heart problems? Yes No

What are the problems? _____

Do you have angina? Yes No

Have you ever had a heart attack? Yes No

Do you have a history of family heart problems? Yes No

If yes explain. _____

Do you have any medical or joint conditions that could restrict your program? Yes No

Were conditions examined or treated by doctor or therapist? Yes No

If yes, list all precautions for condition

Do you have high cholesterol? Yes No

Have you ever had a stroke? Yes No

Is there a family history of strokes? Yes No

Are you currently on an exercise program? Yes No

If yes, for how long? _____

Please list all medications that you now take.

Please provide and Emergency Contact Name _____ Phone _____

EXERCISE HISTORY / PAST AND PRESENT

Occupation: ___Physical Briefly list duties _____
 ___Non-Physical

Are you presently exercising? Yes No

If yes, how long have you been exercising? Years ____ Months ____

Briefly describe your program:

CARDIO: _____

STRENGTH: _____

Rate yourself on a scale of 1 to 5

(1 lowest value and 5 highest value) circling the number that applies most closely:

Daily stress level	1	2	3	4	5
Competitive personality (pertaining to physical activity)	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

Fill in the circle that best describes your diet:

- ☐ High fat, high sodium, low carbohydrate
- ☐ Low fat, low sodium, high carbohydrate
- ☐ Moderate fat, moderate sodium, moderate carbohydrate
- ☐ Other: Briefly describe your average dietary habits

Are you currently on a calorie restrictive diet? Yes No

If yes, how many calories: _____

How much time can you comfortably allocate per workout session based on your lifestyle? Fill in the circle that most closely applies

- ☐ 45 minutes or less ☐ 45-60 minutes ☐ 60-90 minutes

Briefly describe the goal(s) you have set to attain from your exercise program:

Ex.: Weight Loss, Cardio Endurance, Sport Specific Exercises, etc.

Y Health & Fitness Program

Informed Consent for Exercise Participation

I desire to engage voluntarily in the YMCA Personal Fitness Program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the program is to improve, develop, and maintain cardio respiratory fitness, muscular strength, and endurance. A specific exercise plan will be given to me. The program is designed to place a gradually increasing workload on the body in order to improve overall fitness and will involve walking on a treadmill and/or riding on a stationary bike, as well as strength training on strength training equipment.

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 instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the program, I agree to consult my physician and obtain written permission from my physician to participate in this exercise program.

Also, in consideration for being allowed to participate in the program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

(Signature of Participant) (Date)

Please print:

Name _____ Date of birth _____ Age _____

Address _____

Phone _____

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