



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

YMCA OF STEUBEN COUNTY FITNESS OPTIONS

Weight Room Orientation is developed to familiarize you with the weight equipment. *Free with membership.*

Personal Training provides you with a one on one hourly session with a certified trainer. Your trainer will counsel you on an overall cardiovascular fitness, nutrition and specific weight training issues. You will be set up on a specific program that will target your fitness needs. Training also includes order of machines, stretching and instruction on proper breathing techniques. Your program will be progressive and structured around your personal goals for overall wellness. *There is an additional fee for personal training. Check brochure for prices.*

Personal Fitness Program is designed for members 18 and older who are interested in a fitness consultation from a trainer, but would prefer to work on their own. Let us help you become a regular exerciser. The YMCA Fitness Staff will create a 12-week program tailored to your fitness goals. Your trainer will discuss cardiovascular conditioning and strength training and also assess your current fitness condition by administering a Body Fat Analysis. The YMCA personal trainer will meet with you three times throughout the 12 weeks. *There is an additional fee for PFP. \$60 per person.*

Fit Kids is a great way to establish healthy habits in your child's life. A YMCA staff member will create a workout plan for the child that includes both strength and cardiovascular training. *There is an additional fee for Fit Kids Program. \$35/members \$49/non-members.*

Program of Interest (please circle 1 option below):

Weight Room Orientation

Personal Fitness Program

Personal Training

Fit Kids

NAME: _____

PHONE: _____

DATE: _____

BEST TIME TO CALL: Morning Afternoon Evening Other: _____

DO YOU PREFER A MALE OR FEMALE TRAINER? (Please circle 1)

MALE

FEMALE

NO PREFERENCE

**YMCA of Steuben County
Fitness Registration Form**

**Congratulations on taking an important step toward better health and fitness!
This registration must be filled out completely prior to attending your fitness program.**

Member Number: _____ Date: ___ / ___ / ___

Last Name: _____ First Name: _____ Initial: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What is the best time to contact you? _____

Date of Birth: _____ Age: _____ Email: _____

What day and time would be most convenient for your workout?

Day(s): _____ Time(s): _____

Physician: _____ Phone: _____

Insurance Co. _____ Policy Number: _____

Please list your three main Health/Fitness Goals:

1) _____

2) _____

3) _____

What have been your obstacles in the past staying with a Fitness Program? (ie: family,

Lack of support, boredom, work, etc.) _____

What are your fitness interests (if any)? _____

Do you currently work out with weights? Y N

Fitness Registration

Par-Q & You

(Physical Activity Readiness Questionnaire)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become more physically active than you are now, start by answering the seven questions below. If you are between the ages of 14 and 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you do physical activity? YES NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES NO
7. Do you know of any other reasons why you should not do physical activity? YES NO

*** IF you answered "YES" to any question, please speak with your doctor and proceed to the next section.

Medical Clearance Form

Dear Doctor:

_____ has applied for participation in a fitness program at the YMCA. The exercise program may include cardiovascular and strength training components.

By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reason why participation in the exercise program by the applicant would be unwise, please indicate so on this form.

If you have any questions about any YMCA exercise program, please contact the Breeden YMCA Sports Director at 668-3607.

Report of Physician:

___ I know of no reason why the applicant may not participate.

___ I believe the applicant can participate, but urge caution because: _____

___ the applicant should not engage in the following activities because: _____

___ I recommend the applicant NOT participate.

Physician Signature: _____ Date: _____ Phone: _____