



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tamaqua YMCA

Personal Training

Information and Registration



YMCA of Reading & Berks County
Tamaqua Branch
1201 E. Broad Street, Tamaqua, PA 18252
570.668.2903



Personal Training Package Information

1 ON 1 TRAINING PACKAGE-

\$35/(1)HOUR, \$165/(5)HOURS, \$330/(10)HOURS, \$650/(20)HOURS

Work one-on-one with one of our certified personal trainers in a 60- minute session devoted to entirely YOU!

1 ON 1 SENIOR TRAINING PACKAGE-

\$33/(1)HOUR, \$150/(5)HOURS, \$300/(10)HOURS

Our "1 ON 1" package for senior members, ages 60 and older.

PARTNER TRAINING PACKAGE-

\$44/(1)HOUR, \$200/(5)HOURS, \$350/(10)HOURS

You and a buddy will train with one of our certified personal trainers.

GROUP PERSONAL TRAINING-

\$63/(1)HOUR, \$300/(5)HOURS, \$580/(10)HOURS

You and two friends will work together with one of our certified personal trainers.

QUICK START PERSONAL TRAINING PACKAGE-

\$65/TWO (1)HOUR SESSIONS

Perfect for anyone just starting out! This package gives you two, 1-hour sessions with a person trainer and includes an initial fitness assessment.

YOUTH FITNESS PACKAGE-

\$120/FOUR (1)HOUR SESSIONS

Four 1 hour sessions with a certified personal trainer for youth members under eighteen.

SENIOR ½ HOUR TRAINING PACKAGE-

\$100/FOUR (5) ½ HOUR SESSIONS

This package is designed to help our senior members build bone density and improve balance, coordination, and overall flexibility.



Personal Training WELCOME!

Dear Member,

Congratulations! You have just taken the first step towards an excellent and personalized fitness program at the YMCA.

Please complete the following next steps:

1. Complete the attached consent form, questionnaire and Par-Q form. These must be completed and returned to the YMCA prior to the first meeting with your personal trainer.

» You may be asked to obtain a doctor's clearance based on your health screening form before you can begin your first personal training session.

2. Anticipate a call from a YMCA team member. As soon as we have your paperwork completed, we will assign a personal trainer to you.

3. Talk with your trainer! Your trainer will then contact you directly to schedule your personal training sessions and answer any immediate questions you may have.

The role of our certified personal trainers is one of an educator and supporter. Their primary role is to provide you with the tools you need to make positive lifestyle changes through proper information, education and support. We wish you the very best of luck with your personal training program.

If you have any questions about any of the information in this packet, please contact someone from our management team.

Sincerely,

Jessica Marcolla
Senior Program Director

Alyssa Bushkie
Executive Director



Personal Training Informed Consent Form

I, _____, am committed to making a positive change in my health through my participation in a YMCA 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 my goals, which I 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 an employee of the YMCA of Reading & Berks County 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 the YMCA of Reading & Berks County have inherent risks and I hereby assume all risks and hazards as incident to my participation in all YMCA of Reading & Berks County activities. I further waive, release, absolve, indemnify and agree to hold harmless of the YMCA of Reading & Berks County, 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 YMCA of Reading & Berks County activities.

I have read this waiver, understand its contents, and agree to the terms.

Name of Participant

Date

Signature of Participant

Signature of Parent, if under 18



Personal Training Guidelines

1. All participants must be current, full-privilege members of the YMCA.
2. Training sessions will be conducted at the Tamaqua YMCA with a certified personal trainer.
3. Only the designated client can work with the assigned YMCA personal trainer.
4. All paperwork and payment must be completed prior to beginning any personal training program at the Tamaqua YMCA.
5. If a 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 personal trainer is unable to meet for a scheduled session, 24-hour notice must be given to the client.
7. Trainers will wait no more than fifteen (15) minutes past the scheduled session start time for a client. The amount of time that a client is late will be deducted from the scheduled session.
8. Personal training packages will only be refunded if the member were to move out of the area or provide the YMCA with a doctor's note stating that the client may no longer continue their personal training program.
9. Personal training packages must be used within six (6) months of purchase date.



Personal Training Questionnaire

Client Name: _____ Gender: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

This form is intended to obtain relevant information to help us understand your person 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 YMCA management staff and personal training staff, unless written consent is obtained from the client. Please answer all questions to the best of your knowledge.

1. Do you prefer to train with a male or female trainer? _____
2. What days and times are you available to meet with a personal trainer?
3. Are you currently exercising? If so, please explain your current exercise program.
4. What types of fitness activities do you enjoy?
5. What types of fitness activities do you dislike?
6. Tell us about your occupation. Is your occupation more physical or non-physical?
7. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest value) by circling the number that applies most closely:
 - a. Daily stress level:
 - b. Competitive personality:
 - c. Aerobic endurance fitness level:

d. Muscular strength level:

e. Flexibility level:

8. Circle the description below that best describes your diet:

- High fat, high sodium, low carbohydrate
- Low fat, low sodium, high carbohydrate
- Moderate fat, moderate sodium, moderate carbohydrate
- High protein, low carbohydrate
- Other: _____

9. Are you currently on a calorie restrictive diet? _____

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

11. Tell us about your fitness goals:

12. Please use the space below to record three concrete commitments that you are willing to make toward your fitness and health goals. These should be challenging, but also realistic and attainable commitments.

#1-

#2-

#3-

Client Signature

Date

Witness Signature

Date