



CYCC Personal Training Introductory Packet

Congratulations on your decision to invest in your personal health and well-being! With the help of your personal trainer, you will improve your ability to accomplish your training goals in a safe and timely manner with maximum benefits. The lessons learned during your training sessions will be of benefit to you and your loved ones for a lifetime. Prior to beginning your training program at CYCC there are a few forms you will need to fill out and return to your trainer. Please call the Personal Training Coordinator or the Director at 715-854-3109 with any questions you may have.

The Personal Training Initial Assessment form will give your Trainer the information needed to tailor your Initial Fitness Assessment appointment to your specific needs.

You will also need to answer the 7 questions found on the form titled PAR-Q and You. Your answers to these questions may direct you to consulting with your physician prior to beginning your training program. A medical release form has been provided in this packet.

Please take time to carefully review and sign the Agreement to Purchase Crivitz Youth, Inc. Personal Training Services Contract, as well as, the Informed Consent/Agreement to Participate/Waiver of Liability prior to starting your program.

The Behavioral Contract and the Got Goals are optional tools you may use on your own or with the guidance of your Trainer to help you stay on track during your program.

The following is a brief explanation of what you can expect from the Personal Training Services offered at the CYCC.
FREE Initial Fitness Assessment:

After you have filled out the CYCC Personal Training Introductory Packet and returned it to the Trainer, you will meet with your Trainer for your Initial Fitness Assessment. This may include filling out additional paperwork, and assessments such as height and weight measurements, skin fold measurements, muscular endurance testing, fitness walking tests, YMCA submaximal step testing, all depending on the Client's goals and current physical condition. Together the Trainer and Client will establish a set of short and long-term goals for the training sessions that the Client wishes to achieve. The Trainer will then develop a fitness program for the Client that will be discussed and demonstrated for the Client in session 1 of the Personal Training package that they purchased.

ALL OTHER SESSIONS ARE PAID FOR:

Session 1:

The program designed by the Trainer will be reviewed and demonstrated for the Client with their active participation in all exercises. If a Client is unable to perform one of the chosen exercises, modifications will be made so that the Client is able to target the chosen muscle group/ area of the body correctly and safely. A log of all exercises, pounds of weight, time intervals on cardio equipment, etc. will be kept and designed by the Trainer, and maintained by the Client (weight and/or time progressions). All logs will be turned in to the Trainer at the end of the sessions.

Additional sessions progress through the program as the Client makes improvements in abilities or given areas of their plan. The Trainer and Client may make adjustments to the program as goals are reached or changed.

Personal Training Initial Assessment

Personal Information

Name _____ Date _____

Age _____ Birthdate _____ Male Female

Home Phone _____ Cell Phone _____

Address _____

Email Address _____

Preferred Meeting Days & Times _____

*Emergency Contact Name _____ Phone Number _____

Health History

Physician's Name _____ Physician's Phone _____

Does your physician know that you are participating in an exercise/fitness program? Yes No

Date of last physical examination _____

Are you taking any medications or supplements? Yes No If yes, please list the name, dose, and reason.

Do you smoke cigarettes? Yes No If yes, how many cigarettes per day? _____

Do you have or have you ever had:

____ History of heart problems, chest pain, or stroke

____ Elevated blood pressure

____ Any chronic illness or condition

____ Difficulty with physical exercise

____ Advice from physician not to exercise

____ Recent surgery

____ Current or recent pregnancy

____ Thyroid condition

____ History of breathing or lung problems

____ Elevated blood cholesterol

____ Muscle, joint, or back disorders

____ Any previous injury still affecting you

____ Diabetes or metabolic syndrome

____ Hernia, or any condition that may be aggravated by lifting weights or other physical activity

____ History of heart, cholesterol, blood pressure problems or diabetes in parents, siblings, or children

If so, list ages and relation _____

Please explain any checked items on the previous page and if a doctor has recommended high level care for any of those conditions.

Activity History

Have you ever had a trainer before? Yes No

Do you consider yourself: Sedentary Lightly Active Moderately Active Highly Active
Please describe the type, intensity, and frequency of your current fitness program:

Are you involved in physical activities of daily living? (walking, gardening) Yes No

What hobbies or sports have you or do you currently participate in?

What is the main reason you exercise or want to begin a fitness program?

- Maintain good health Help relieve stress My doctor told me to
- To lose weight/body fat It makes me feel good To gain weight
- Improve cardiovascular health Toning Improve flexibility
- Increase Strength Increase energy Social interaction
- Train for an event or specific sport

If so, what event or sport? _____

Other _____

What activities would/do you prefer in a fitness program?

- Walking Swimming Stationary Bike Stretching Rowing
- Running Free weight Exercises Body Weight Training Strength Machines
- Group Fitness Elliptical Stair Climbing
- Other _____

Do you or have you ever followed any specific nutrition plan? Yes No

Describe your current nutritional habits:

Do you begin fitness programs but then find yourself unable to stick with them? Yes No

If not, please explain why you think it didn't work:

How much time are you willing to devote to a fitness program? _____ minutes/day _____ days/week

Do you have positive feelings about fitness programs or assessments? Yes No

If not, please explain any negative feelings or experiences you may have had:

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 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: check YES or NO.

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

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



© Canadian Society for Exercise Physiology

Supported by:



Health
Canada

Santé
Canada

continued on other side...



Teen Center
902 Henriette Avenue
Tel: (715)854-7341
teencenter@crivitzyouthinc.com

Child Development Center
713 George Street
Tel: (715) 854-3855
cycidc@crivitzyouthinc.com

Community Center
901 Henriette Avenue
Tel: (715) 854-3109
cycdirector@crivitzyouthinc.com

Fax: (715) 854-7929
P.O. Box 188, Crivitz, WI 54114
Website: www.crivitzyouth.com

Maintenance
cwiadmn@crivitzyouthinc.com
Executive Director
cwiadmn@crivitzyouthinc.com

Dear Doctor:

Your patient, _____, wishes to start a personalized training program.

The exercise programs are designed to start easy and become progressively more difficult over a period of time. Qualified personnel trained in conducting exercise programs will administer all training programs.

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

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises or lowers exercise capacity or heart-rate response):

Type of medication(s): _____

Effects: _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

Sincerely,

Luke Frievalt, Team Leader
Crivitz Youth Inc. Community Center
ACE-CPT

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician's Signature _____ Date _____

Physician's Phone Number _____



**INFORMED CONSENT/AGREEMENT TO PARTICIPATE/ WAIVER OF LIABILITY AND HOLD HARMLESS
AGREEMENT FOR ALL CRIVITZ YOUTH, INC. PERSONAL TRAINING SERVICES**

I, _____, through the purchase of Crivitz Youth, Inc. Personal Training services, have agreed to voluntarily participate in an exercise program, including but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of a Personal Trainer employed by Crivitz Youth, Inc. (hereafter, CYI).

1. I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have been advised to consult with a physician prior to beginning this program. I understand that these services may include fitness assessments administered by the trainer assigned to me and may result in a referral to a more appropriately qualified professional within the healthcare continuum. If deemed necessary by my trainer, I agree to provide verification from a licensed physician that I am able to undertake a fitness program. I understand that it is my responsibility and I agree to fully and accurately disclose any health issues or medications that are relevant to participation in a fitness program. _____

2. Depending on my health status, I may or may not be required to have my blood pressure and/or heart rate evaluated during training sessions to regulate my exercise within desired limits. If I am taking prescribed medications, I have already so informed the trainer and further agree to so inform them promptly of any changes which my doctor or I have made to these prescriptions. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program. _____

3. I have been informed that during my participation in a personal training program, I will be asked to complete the physical activities outlined by the trainer unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform my trainer of my symptoms or desire to decrease or stop the exercise. I understand that during the performance of exercise, the trainer will periodically monitor my performance and perhaps, measure my heart rate, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit. _____

4. I also understand that during the personal training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above. _____

5. I understand and am aware that physical fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that even when completed properly, participating in these types of activities can be dangerous and because of this, I agree to follow the personal trainer's instructions regarding proper techniques and training, as well as other organizational rules. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. _____

6. CYI or I will provide the equipment to be used in connection with workouts, including but not limited to benches, dumbbells, barbells, cardio equipment and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. CYI has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although CYI takes precautions to maintain equipment, any equipment may malfunction and/or cause potential injuries. I take sole responsibility to inspect any and all equipment prior to use, whether it belongs to me or CYI. _____

7. Although CYI will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with CYI. I will assume any additional expenses incurred that go beyond my health coverage. I will notify CYI of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.) I hereby consent to first aid, emergency medical care, and admission to an accredited hospital or an emergency care center when necessary for executing such care and for treatment of injuries that I may sustain while participating in a personal training program. _____

8. I have been informed that the information which is obtained in this personal training program will be treated as privileged and confidential and will consequently not be released or revealed to any person. I agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs. _____

9. In consideration for receiving permission to participate in CYI Personal Training Services, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE and further hereby AGREE TO IDEMNIFY AND HOLD HARMLESS Crivitz Youth, Inc., the members of its Board (in their official and individual capacities), administrators, agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, costs, expenses, attorney fees, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon premises where the activity is being conducted, including traveling to and from sessions. _____

9. I am fully aware of and acknowledge the potential risks of serious personal injury associated with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be dangerous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage of property, owned by me, as a result of being involved in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. _____

10. It is in my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin. _____

11. I have been given an opportunity to ask questions as to the procedures, assessments, and risks involved in voluntarily participating in the CYI Personal Training Services and I have discussed the opportunity to modify this Agreement to address my specific circumstances and questions. I understand that these exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with CYI. _____

12. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read this Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent and not under duress; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Client's Name and Address (please print)

Client's Signature

Date

Trainer's Signature

Date



AGREEMENT TO PURCHASE CRIVITZ YOUTH, INC. PERSONAL TRAINING SERVICES

Congratulations on your decision to invest in your personal health and well-being! With the help of your personal trainer, you will improve your ability to accomplish your training goals in a safe and timely manner with maximum benefits. The lessons learned during your training sessions will be of benefit to you and your loved ones for a lifetime. Please read and sign this agreement to acknowledge that you have read and agree to the program policies.

This agreement is made and entered into on the ____ of _____, _____, by:

Client Name (please print)

(please print) Client Address

And

Crivitz Youth, Inc.

P.O. Box 188
Crivitz, WI 54114

And is effective for 12 months from the date written above.

Payment: Payment must be made in full and in advance of your initial session. Cash, credit/debit cards, or checks made payable to Crivitz Youth, Inc. will be accepted at the front desk only. No trainer will accept payment. Any check returned to us due to NSF will be charged a \$32.00 fee. We will retain the option of refusing any future checks. Post-dated checks will not be accepted. Nonpayment will result in termination of enrollment.

CANCELLATION AND REFUNDS

1. Twenty-four (24) hour cancellation notice, by phone, is required for rescheduling or cancelling any and all individual sessions. Any and all cancellations with less than twenty-four (24) hours' notice will result in forfeiture of one session without refund. If your trainer must cancel a session, they will do so, by phone, with at least twenty-four (24) hours' notice or client will receive a complimentary session for their inconvenience. This complimentary session will expire after thirty (30) days.
2. There are no refunds for unused sessions except in the case of death or disability as disclosed in a written physician's note. In the case of death or disability, the client will be liable only for sessions used and will receive a refund for any unused sessions.
3. If the CYI Personal Training services become unavailable or are no longer fully operational, the client will be liable only for sessions used and will receive a refund for any unused sessions.
4. *Right to cancel.* You are permitted to cancel this contract until midnight of the 3rd operating day after the date on which you signed the contract. If the facilities or services that are described in the contract are not available at the time you sign the contract, you have until midnight of the 3rd operating day after the day on which you received notice of their availability, to cancel the contract. If within this time period you decide you want to cancel this contract, you may do so by notifying CYI by any writing mailed or delivered to CYI at the address shown on the contract, within the previously described time period. If you do so cancel, any payments made by you, less a user fee of no more than \$3 per day of actual use, will be refunded within 21 days after notice of cancellation is delivered, and any evidence of any indebtedness executed by you will be canceled by CYI and arrangements will be made to relieve you of any further obligation to pay the same.

5. CYI reserves the right to terminate this contract for any reason, including, but not limited to, client's failure to follow directions and conducting themselves contrary to the interests of the contract or the policies of CYI. In this case, the client will be liable for any used sessions and will receive a refund for any unused sessions.

Warranty: No implied warranties or representations are made other than those expressly contained herein, and this document contains all of the terms of the contract between the parties. CYI expressly notes that results will differ for clients based upon various factors, including, but not limited to, body type, nutrition, adequate rest, etc. and no guarantees of results are possible.

Transferability: Client may not assign this contract to any other person. Only CYI may assign this contract to a related entity.

Sessions

1. Client will be ready to exercise and free from distraction at the appointed time.
2. Sessions begin at the time it was scheduled, not at the client's arrival time. Clients arriving late will receive the remaining scheduled session time only.
3. Clients should arrive to their session in comfortable workout attire, including, but not limited to, clean t-shirts, shorts, pants, and clean, supportive, and functional athletic shoes. Please do not hesitate to ask your trainer for advice on what type of clothing and shoes are appropriate.
4. CYI reserves the right to cancel any session to which a client arrives under the influence of drugs or alcohol.

Client Signature

Date

Trainer Signature

Date

Got Goals?

Client Name: _____ Date: _____

They should be SMART: Specific, Measureable, Attainable, Realistic, Time Specific

This will give you space to write your long-term and short-term goals down. This will assist the trainer with customizing your program and also will give you something to aim for. These goals may change over time and you and your trainer can discuss how to move forward so that you are reaching your goals that you have set for yourself.

Long Term Goals (where do you want to be in 6 months to a year?)

Example: I want to lose 20 pounds in 6 months.

1. _____

2. _____

Short Term Goals (What things do you want to accomplish in 1-3 months?)

Example: I will walk 30 minutes a day, 5 days a week.

1. _____

2. _____

Behavioral Contract

I will: (Do what) _____

(When) _____

(How often) _____

(How much) _____

How confident am I that I will do this? _____ (on a scale of 1 to 10, with 1 not being at all confident and 10 being completely confident)

If I successfully make this positive lifestyle change by _____, I will reward myself with _____

_____.

If I fail to successfully make this positive lifestyle change, I will forfeit this reward.

I, _____, have reviewed this contract and I agree to discuss the experience involved in accomplishing or not accomplishing this health behavior improvement with _____ on _____.

Signed (client): _____ Date: _____

Signed (personal trainer): _____