



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Greater Nashua Personal Training Information Sheet

Name: \_\_\_\_\_

Gender: Male / Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What are your goals? Long/Short Term:

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What is your exercise history?

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What are your areas of interest? Circle all that apply:

Basic Strength & Conditioning

Flexibility

Cardiovascular

Advanced Strength & Conditioning

Sport Specific

Other

How often will you be utilizing a personal trainer?    1    2    3    4    (per week)

What is your best time of day?

Morning

Afternoon

Evening

Do you have a preferred trainer you wish to work with?

How did you hear about our Personal Training services?

**Please submit all information to the front desk: ATTENTION HEALTH & WELLNESS  
Personal training sessions are non-refundable and expire 1 year from date of purchase**

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### YMCA OF GREATER NASHUA

**Merrimack YMCA**  
6 Henry Clay Drive  
Merrimack, NH 03054  
P: 603.881.7778

**Nashua YMCA**  
24 Stadium Drive  
Nashua, NH 03062  
P: 603.882.2011

**Westwood Park YMCA**  
90 Northwest Boulevard  
Nashua, NH 03063  
P: 603.402.2258

**Camp Sargent**  
141 Camp Sargent Road  
Merrimack, NH 03054  
P: 603.880.4845

[www.nmymca.org](http://www.nmymca.org)

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q) (Personal Training)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of individuals for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer as it applies to you. **The YMCA of Greater Nashua has the right to require medical clearance from your physician before prescribing an exercise program.**

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
 

Yes	No
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2. Do you have chest pains or respiratory problems brought on by physical activity? (Such as: Asthma)
 

Yes	No
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3. Have you developed chest pain in the past month?
 

Yes	No
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4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
 

Yes	No
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5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? (Such as: arthritis or osteoporosis)
 

Yes	No
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6. Has a doctor ever recommended medication for your blood pressure or heart condition?
 

Yes	No
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7. Are you aware through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? (Such as: pregnancy or diabetes).
 

Yes	No
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Please Explain:
  
8. Are you over 65 years of age or unaccustomed to exercise?
 

Yes	No
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**SUITABILITY FOR EXERCISE: It is the position of the YMCA of Greater Nashua that anyone undertaking exercise, whether it be testing, general conditioning, weight training, aerobics, racquet sports, or swimming, should visit their doctor prior to commencing such a program, especially if they answered yes to any of the above questions.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Informed Consent for Exercise Participation (Personal Training)

I desire to engage voluntarily in YMCA of Greater Nashua's (herein referred to as YMCA) exercise 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 cannot be predicted with complete accuracy. There is the 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 exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to me. The specific exercise plan will be given to me based on my needs and interests, as well as my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling; participation in exercise fitness classes, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand 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 or trainer of my 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 exercise program have been answered to my satisfaction.

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

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise and to 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.

**\*\*\*ALL PERSONAL TRAINING PACKAGES EXPIRE ONE YEAR FROM PURCHASE\*\*\***

Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(if under 18 yrs. old)

Print Guardian Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relation: \_\_\_\_\_

Emergency Contact Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Date: \_\_\_\_\_

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