



# **WATERTOWN FAMILY YMCA**

## **Personal Training Packet**

### **Achieve Your Goals with a Certified YMCA Personal Trainer**

Partner with one of Watertown Family YMCA's certified personal trainers to take your health and wellness to the next level. Our trainers will design a customized fitness plan tailored to your unique needs and goals—whether you're just getting started or looking to break through a plateau.

Our trainers specialize in:

- General personal training
- Sport-specific conditioning
- Weight loss programming
- Adaptive training
- Senior fitness

With expert guidance and ongoing support, you'll stay motivated, safe, and on track to reach your fitness goals.

Have Questions?

Contact:

Michelle Graham, ACSM Certified Exercise Physiologist

Senior Director of Health & Wellness

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**Downtown YMCA**  
146 Arsenal Street  
Watertown, NY 13601  
315.782.3100

**Fairgrounds YMCA**  
585 Rand Drive  
Watertown, NY 13601  
315.755.9622

**Carthage YMCA**  
250 State Street  
Carthage, NY 13619  
315.493.3286

## PAR-Q and YOU: The Physical Activity Readiness Questionnaire

Regular physical activity is fun, healthy, and more people are becoming active every day. For most individuals, increasing physical activity is safe and beneficial. However, some people should consult with their doctor before making significant changes to their activity level.

If you are planning to become significantly more active than you are now, begin by answering the seven questions in the PAR-Q (Physical Activity Readiness Questionnaire) below.

- If you are between the ages of 12 and 69, the PAR-Q will help determine whether you should speak with your doctor before starting a fitness program.
- If you are 70 or older, and you are not currently active, it is especially important to consult your doctor before increasing your physical activity.

Please read each question carefully, use common sense, and answer honestly.  
Check YES or NO.

Yes  No 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 Do you feel pain in your chest when you do physical activity?

Yes  No In the past month, have you had chest pain when you are not doing physical activity?

Yes  No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes  No Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?

Yes  No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes  No Do you know any other reason why you should not do physical activity?

### If you answered **YES** to one or more questions:

Please consult with your doctor—by phone or in person—**before** becoming more physically active or undergoing a fitness assessment. Inform your doctor about the PAR-Q and which questions you answered “Yes” to.

- Your doctor may advise that you can safely engage in physical activity, provided you start slowly and increase intensity gradually.
- Alternatively, certain activities may need to be modified or avoided based on your health. Discuss your desired activities with your doctor and follow their recommendations.
- Ask your doctor about local or community programs that are appropriate and beneficial for your health and fitness level.

## **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.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes and you answer "Yes" to any of the questions above, inform your fitness or health professional. Ask whether you should modify your physical activity plan accordingly.

The PAR-Q (Physical Activity Readiness Questionnaire) is a screening tool designed to help identify individuals for whom increased physical activity may pose a health risk. This questionnaire is not intended to substitute for professional medical advice, diagnosis, or treatment.

By completing this form, you acknowledge that you are voluntarily choosing to participate in physical activity. The YMCA and its affiliates assume no liability for any adverse health outcomes that may result. If you have any doubts or concerns after completing the questionnaire, consult your physician before engaging in physical activity.

## **YMCA Personal Training PAR Q Policy**

Watertown Family YMCA is committed to safeguarding the health and well-being of all members who choose to train with a YMCA personal trainer. As part of this commitment, we recognize the importance of the Physical Activity Readiness Questionnaire (PAR-Q) in ensuring safe and effective participation in physical activity.



I acknowledge that the YMCA has provided me with a PAR-Q (Physical Activity Readiness Assessment) and I am required to complete the PAR-Q prior to beginning any personal training.

Participant Name (Please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WATERTOWN FAMILY YMCA

## Personal Training Agreement • Release of Liability

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer / Business: \_\_\_\_\_

Email (YMCA Use Only): \_\_\_\_\_

### Authorized Emergency Contacts:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INFORMED CONSENT

### For Exercise Fitness Testing & Exercise Participation

I, \_\_\_\_\_, voluntarily agree to participate in the YMCA exercise program with the goal of improving my physical fitness. In consideration of being allowed to participate in personal training provided by Watertown Family YMCA, I acknowledge and agree to the following:

I understand that the program is designed to gradually increase the demands on my cardiorespiratory and musculoskeletal systems to improve their function. I recognize that individual responses to exercise vary and may include unexpected physiological changes such as abnormal heart rate or blood pressure.

I understand that the fitness testing component may include assessing cardiorespiratory fitness, body composition, flexibility, muscular strength, and endurance. I understand that my test results are confidential and will only be shared with me. I am responsible for monitoring my condition during all assessments and exercise sessions.

I understand that the purpose of a regular exercise program is to improve and maintain overall fitness, including cardiorespiratory health, flexibility, muscular strength and endurance, and body composition. A personalized plan will be developed based on my goals and any medical advice I've received. I understand the YMCA recommends consulting with my physician prior to beginning this program, especially if I have any reason to believe that exercise could pose health risks.

I acknowledge that I am responsible for monitoring my own physical condition throughout participation. If I experience any unusual symptoms (e.g., dizziness, pain, shortness of breath), I agree to stop exercising immediately and inform the trainer. If medical clearance is necessary, I agree to consult my physician and provide written documentation or authorize the YMCA to obtain this clearance.

I understand that the YMCA does not evaluate my medical fitness to participate in this program. I further understand that completion of the Physical Activity Readiness Questionnaire (PAR-Q) is strongly recommended prior to my first session. If indicated by the PAR-Q, I agree to consult with my doctor before participating.

I recognize that participation in physical activity carries inherent risks, including the potential for serious injury, disability, or death. I agree to follow all safety instructions, remain within my physical limits, use equipment properly, and avoid behavior that may put myself or others at risk. I understand that even with appropriate precautions, risks cannot be completely eliminated.

I acknowledge that Watertown Family YMCA has made a good faith effort to reduce risks and provide a reasonably safe environment for participation. I freely and knowingly assume all risks, known or unknown, associated with participation in personal training activities. If I observe any unsafe condition or feel unwell during my training, I will stop immediately and notify my trainer.

In consideration of participation, I agree to release, indemnify, and hold harmless the Watertown Family YMCA, its officers, employees, agents, sponsors, and any owners or lessors of property used for activities, from any and all liability, claims, damages, losses, or expenses (including attorney's fees) arising out of my participation, including injury, disability, or death. This release applies to all claims except those resulting solely from the gross negligence or willful misconduct of the YMCA or its agents.

I understand that if I cancel a scheduled appointment with less than 24 hours' notice, or if I arrive more than 15 minutes late, my credit card on file may be charged for the missed appointment.

I understand that the YMCA reserves the right to adjust personal training fees. Any changes will be communicated in writing at least 30 days in advance, and will not affect sessions that have already been paid for.

I have read and fully understand this Personal Training Agreement and Release of Liability. I acknowledge that I am assuming certain risks by participating in YMCA personal training activities. I agree to all terms outlined in this release and sign it freely and voluntarily. I also agree to abide by all YMCA personal training policies.

Participant Name (Please print): \_\_\_\_\_

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

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

Trainer Name (Please print): \_\_\_\_\_

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

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

## For Participants Under 18 Years of Age

I certify that I am the parent or legal guardian of the participant named above. I have read and understand the terms of this Release of Liability and Agreement. I consent to my child's participation in YMCA personal training programs and activities, and I hereby agree to the terms of this release on their behalf.

Furthermore, I agree on behalf of myself, my heirs, and assigns that all terms and conditions of this Release—including indemnity provisions—shall apply in full force and effect as they relate to my child's participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Media Release:

I give consent for myself / my child to be photographed or videotaped in activities that may be used in releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The Y also make every attempt to notify me of any such use of the likeness of my child.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL TRAINING PREFERENCES

Watertown Family YMCA is committed to accommodating your requests and preferences below. Please be as specific as possible. This allows us easier allocation of the correct trainer based on your needs.

I am interested in (select one):

One Personal Training session    10 Personal Training sessions    20+ or long-term Personal Training

If long term, how many days per week? \_\_\_\_\_

I prefer (select one):

Female trainer    Male trainer    No preference

If you have the name of a trainer you would like to request, please indicate here:

\_\_\_\_\_

I prefer (select one):

Private Sessions    Semi-Private Sessions

If selecting Semi-Private, name of training partner: \_\_\_\_\_

What type of exercise? Please select one:

Land exercise    Water exercise    Combination of water & land exercise

Days & Times available for training. Check all that apply. Include hours available for each day selected:

M: \_\_\_\_\_    F: \_\_\_\_\_

T: \_\_\_\_\_    S: \_\_\_\_\_

W: \_\_\_\_\_    Sun: \_\_\_\_\_

TH: \_\_\_\_\_

Preferred Y Branch Location: \_\_\_\_\_