



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Training

What is your reason or goal for Personal Training? _____

Personal Training:

Here are some focuses and types of training that you may utilize during your sessions. Please choose any or all that interest you.

- | | | | |
|---------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Gain Muscle Mass | <input type="checkbox"/> Running | <input type="checkbox"/> TRX |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Balance | <input type="checkbox"/> Yoga | <input type="checkbox"/> Water Training |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Sport-Specific | <input type="checkbox"/> Rowing | <input type="checkbox"/> Training with a Partner |
| <input type="checkbox"/> Other: _____ | | | |

☐ Get started with our three 45-minute sessions for only \$119 ... a \$195 value! This is available for any member who has not purchased training in the past year. 1ASPTNEW2Y

Continue with one of these Personal Training package options.

30-minute sessions:

- ☐ 5-pack 1ASPT5(30)
- ☐ 10-pack 1ASPT10(30)
- ☐ 20-pack 1ASPT20(30)

45-minute sessions:

- ☐ 5-pack 1ASPT5(45)
- ☐ 10-pack 1ASPT10(45)
- ☐ 20-pack 1ASPT20(45)

60-minute sessions:

- ☐ 5-pack 1ASPT5(60)
- ☐ 10-pack 1ASPT10(60)
- ☐ 20-pack 1ASPT20(60)

Please complete both sides of this form. You will be contacted to set up your session.

Return completed form to Jenny Stanley • JStanley@WestfieldYNJ.org • 908-301-9622 x256

For Office Use Only:

Date Given to Jenny: _____

Date Trainer Assigned: _____

Trainer Assigned: _____

Date Contacted by Trainer: _____

Westfield Area YMCA • 220 Clark Street, Westfield, NJ 07090
www.WestfieldYNJ.org • 908-301-9622

Name: _____

Age: _____ Height: _____ Weight: _____

Email: _____

Phone: _____

What Days of the week and Times of the Day are you Available for Sessions?

First Choice: _____

Second Choice: _____

Third Choice: _____

How many days per week do you think you would like to meet with your Personal Trainer? _____

What exercise intensity are you looking for in your training sessions?

- ☐ Low Intensity - use sessions to learn proper form and new exercises
- ☐ Medium Intensity - a mixture of new exercises and things you already know to eliminate transition time between exercises
- ☐ High Intensity - little to no downtime, come in and work hard

Which rooms are you comfortable working out in with your trainer?

- ☐ Cardio Room
- ☐ Strength Training Room
- ☐ Weight Room
- ☐ Fitness Express
- ☐ Basketball Gym
- ☐ Racquetball Court
- ☐ Outdoors (requires off-site waiver)

Do you have a preferred gender for your Trainer?

- ☐ Male
- ☐ Female
- ☐ No Preference
- ☐ I want my trainer to be _____

Are you currently exercising? No ☐ Yes ☐ If yes, please describe. _____

Is there anything else you would like us to know that will help us customize your training?
