

# YWCA Personal Training Application

## Client Personal Information

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

Phone: \_\_\_\_\_

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

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

Preferred Method of Communication:     Text                     Phone                     Email

Age: \_\_\_\_\_                    Gender: \_\_\_\_\_                    Height: \_\_\_\_\_                    Weight: \_\_\_\_\_

## **Emergency Contact**

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

Phone: \_\_\_\_\_

## **Physician**

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

Phone: \_\_\_\_\_

## Occupation

What is your occupation? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Does your occupation require extended periods of sitting? (If YES, please explain)  
\_\_\_\_\_

Does your occupation require repetitive movements? (If YES, please explain)  
\_\_\_\_\_

Does your occupation require you to wear shoes with a heel? (e.g., dress shoes, work boots)  
\_\_\_\_\_

## Medical

How would you describe your present state of health? \_\_\_\_\_

Please list current prescription medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any vitamins or herbal supplements you take on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? (If YES, please list below)

\_\_\_\_\_

Have you ever had your cholesterol checked? \_\_\_\_\_

Results: \_\_\_\_\_

Have you ever had your blood sugar checked? \_\_\_\_\_

Results: \_\_\_\_\_

Please check any of these conditions that apply to you:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies               | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Irritability              |
| <input type="checkbox"/> Amenorrhea              | <input type="checkbox"/> Diarrhea                | <input type="checkbox"/> Irritable bowel syndrome  |
| <input type="checkbox"/> Anemia                  | <input type="checkbox"/> Disordered Eating       | <input type="checkbox"/> Menopausal symptoms       |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Gastroesophageal reflux | <input type="checkbox"/> Osteoporosis              |
| <input type="checkbox"/> Arthritis               | disease  | <input type="checkbox"/> Premenstrual syndrome     |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Polycystic ovary syndrome |
| <input type="checkbox"/> Celiac Disease          | <input type="checkbox"/> High blood pressure     | <input type="checkbox"/> Pregnant                  |
| <input type="checkbox"/> Chronic sinus condition | <input type="checkbox"/> Hypoglycemia            | <input type="checkbox"/> Skin problems             |
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Hypo/hyperthyroidism    | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Crohn's disease         | <input type="checkbox"/> Insomnia                | <input type="checkbox"/> Ulcer                     |
| <input type="checkbox"/> Depression              | <input type="checkbox"/> Intestinal problems     |  |

Please list any major surgeries you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any past musculoskeletal or joint injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the last time you visited your doctor? \_\_\_\_\_

Does your doctor know you are beginning a new exercise program? \_\_\_\_\_

**\*\* YWCA Trainers reserve the right to ask for medical clearance before training a new client if deemed necessary. Client safety is our top priority. \*\***

**Lifestyle and Exercise Habits**

Do you drink alcohol?      Y or N      If Yes, how many times per week? \_\_\_\_\_

Do you smoke or vape?      Y or N or Quit      If Yes, how often? \_\_\_\_\_

How many hours do you sleep at night? \_\_\_\_\_

Average Stress Level? 1 to 10 (1-Low to 10-High) \_\_\_\_\_

Do you currently participate in any physical activity or exercise? If Yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Do you currently participate in any recreational activity? (golf, tennis, fishing, etc.) If Yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Are you currently following any diet or nutrition plan? If Yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Are you interested in help with nutrition? \_\_\_\_\_

**Training Goals**

What are your specific health and wellness goals while working with a trainer? \_\_\_\_\_  
\_\_\_\_\_

Current Motivation Level? 1 to 10 (1-Low to 10-High) \_\_\_\_\_

How often do you want to meet with a trainer? \_\_\_\_\_

Preferred days and times to train? \_\_\_\_\_

Have you worked with a personal trainer in the past? \_\_\_\_\_

Trainer Preference: Male Female Doesn't Matter Preferred Trainer: \_\_\_\_\_

How did you hear about YWCA Personal Trainers? \_\_\_\_\_

**Cancellation Policy**

We kindly request that cancellation be made 24 hours in advance. To cancel scheduled sessions, please contact your trainer directly. In the event of an emergency last minute cancellation, please contact the YWCA front desk at (918) 749-2519. Same day cancellations and no shows are subject to a full charge for your missed training session. All personal training packages expire 12 months from date of purchase and are non-transferrable. All payments and fees for package sessions are non-refundable.

**Initial:** \_\_\_\_\_

**Waiver**

I hereby acknowledge that the information on this application is correct to the best of my knowledge, and I understand that there are inherent risks involved when participating in any exercise program. I certify that I am in good physical condition including but not limited to physical strain, exertion, falls, contusions, abrasions, dizziness, and fractures. I assume all risk by accepting entry into the exercise program. I have been forthright regarding my current health, health history, medications, and supplements. I am aware that none of the personal trainers or YWCA Tulsa provide medical treatment or insurance to participants. I understand that I am legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I might accrue against the YWCA Tulsa and/or personal trainers.

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

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

