

**METROWEST YMCA-FRAMINGHAM**  
**2020 VIRTUAL PERSONAL TRAINING INFORMATION & GOALS**



Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. To help us pair you with the most appropriate trainer, please fill out the following information and return to Katrina Ladd ([kladd@metrowestymca.org](mailto:kladd@metrowestymca.org)) or drop it off at the Member Service desk.

**Personal Information**

Given Name: \_\_\_\_\_ Chosen/ Nickname: \_\_\_\_\_

Date: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ E-MAIL: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Referred by: \_\_\_\_\_

What is the best way to contact you (circle)? Phone E-mail

Is texting ok (circle)? Yes No

Do you have a trainer you wish to work with? If so, who? \_\_\_\_\_

**Scheduling**

1. How often would you like to meet with a trainer (check)?

1x/week 2x/week 3x/week Other \_\_\_\_\_

2. What are the best days and times for you to meet with a trainer (**please be specific**)?

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>
<i>PM</i>	<i>PM</i>	<i>PM</i>	<i>PM</i>	<i>PM</i>	<i>PM</i>	<i>PM</i>

3. Do you have flexibility in the availability you provided (circle one)? Yes No

**Goals**

4. What equipment do you have at home? It is not required to have equipment.

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5. What is the reason or motivation for starting an exercise program/ begin working with a trainer?

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6. What are your health & fitness goals (check all that apply)?

General Health	Fitness	Functional
<input type="checkbox"/> Weight management	<input type="checkbox"/> Increase aerobic capacity	<input type="checkbox"/> Improve balance
<input type="checkbox"/> Lower cholesterol	<input type="checkbox"/> Increase muscular strength	<input type="checkbox"/> Improve posture
<input type="checkbox"/> Improve body composition	<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Reduce back pain
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Sports specific training	<input type="checkbox"/> Strengthen core (abs/back)
<input type="checkbox"/> Reduce my risk of disease	Specify Sport:	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Please list any goals not indicated above:

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7. In addition to helping you achieve your fitness goals, what things are you looking for in a trainer (i.e. motivation, accountability)?

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8. How often are you committed to train per week, outside of your personal training session(s) (circle one)?

1      2      3      4      5      6      7

9. Which of the following best describes your current training practices (circle one)?

- Sedentary- little or no recent history of training structure
- Beginner- new to training within the past 6 months
- Intermediate- resistance or fitness-oriented individual who is currently well-conditioned with a minimum of 1 year of training, wishing to maximize my potential
- Advanced- resistance or fitness-oriented individual who is currently well-conditioned with a minimum of 3 years of training, wishing to maximize my potential

10. Do you currently exercise (circle)? Yes      No

a. If yes, please explain your program (i.e. how many days a week? What type of training?)

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11. Have you worked with a trainer before (check)?    Yes    No

12. What worked well with that trainer?

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13. What didn't work well with that trainer?

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14. Do you have any injuries (past or present)? Please explain.

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15. Do you know what length session and package you are interested in (please check what you are interested in)?

<u>VIRTUAL TRAINING OPTIONS</u>	<u>Cost/Registration Code</u>
Virtual Wellness Consultation	Free
5-30 minute Virtual Personal Training	\$115 / 11951
5-60 minute Virtual Personal Training	\$195 / 11952