



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FITNESS CENTER ORIENTATION

SAMMAMISH FAMILY YMCA

Dear Member,

Welcome to the Y! We are here to help you meet your health & well-being goals. Please consider signing up for a fitness center orientation with a personal trainer– they can help you create a program that addresses your individual interests and goals. Please turn in this completed form to the member services desk and a trainer will contact you within 3 days to set up an appointment!

Name _____ Date _____

Address _____ City _____ Zip _____

Primary Phone _____ Alt. Phone _____ Date of Birth _____

Email Address _____

Available days/times (please circle)

Mon	Tue	Wed	Thu	Fri	Sat
Early Morning	Mid-Morning	Afternoon	Evening		

What brings you to the YMCA?

What are your favorite types of recreation? What are you doing currently or have enjoyed in the past?

Do you have any medical or health considerations that we should be aware of?

What is your number one health & well-being goal?

Have you experienced any obstacles in the past that might affect reaching this goal?



YMCA OF GREATER SEATTLE

Exercise Readiness and Release Form

SAMMAMISH FAMILY YMCA

Please Check one

Yes No Unsure

- ___ ___ ___ 1. Do you have any orthopedic (back, bone, joint) problems that would prevent or affect your exercising? (Please describe briefly).
- ___ ___ ___ 2. Do you have high blood pressure?
- ___ ___ ___ 3. Do you have any heart problems?
- ___ ___ ___ 4. Do you know of any reason why you may need to modify an exercise program (pregnancy, diabetes, recent surgery, medication, etc.?) Are there any other health concerns which should be discussed? If so, please describe briefly.

If any of the above questions are answered yes or unsure, for your own protection, the YMCA recommends medical clearance from your physician before beginning any exercise program.

Please read and sign below:

I understand that participation in any fitness evaluation or physical exercise program may entail certain risks. These risks may include transient lightheadedness, fainting, chest discomfort, muscle sprains strains, broken bones, and in some cases, heart attack or cardiac arrest. I hereby consent to and voluntarily accept these risks. I will report any physical discomfort or problems experienced during or after exercise to YMCA staff immediately.

I understand that YMCA staffs are not responsible for monitoring my fitness activities for me. I recognize my health may change at any time and the YMCA is making recommendation for my fitness activity based solely on the information I have given today. I understand it is my responsibility to inform my physician of any recommendations or precautions the YMCA has suggested regarding my fitness activities at the YMCA or the fitness activity recommendations of the YMCA staff.

Signature

Date _____

Signature of Parent/Guardian (If participant under age of 18)

Date _____