

Y TOTAL HEALTH™

We build strong kids, strong families, strong communities.

Discover the Power of You...

Your overall wellness is as multifaceted as you are. It's not just about one goal or one outcome. It's about creating a healthy approach uniquely designed to suit your life. You don't need to travel the road to wellness alone. Our professional staff and Total Health Coaches will be there for you throughout your journey. Take your first step toward a healthier tomorrow. There is no telling how far you might go.

12 Week Personal Fitness Program:

This program is a great option for you, if:

- * You are a new or returning exerciser
 - * You are new to the YMCA and are looking for some extra guidance
 - * You are trying to make exercise a part of your regular routine
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Follow these steps to begin the *Total Health Program*:

- 1) Complete the next page and drop it off at the Member Services Desk
- 2) Your coach will call you in a few days to set up the first appointment

Youth/Teen (ages 8-16) - It is recommended that parents accompany youth and teens to the appointments.

What to expect at your first appointment:

- ◆ Learn about the purpose and structure of the Total Health Program
- ◆ Complete necessary paperwork
- ◆ Learn how to use the attendance and activity sheet
- ◆ Schedule your second appointment
- ◆ Learn and begin the first phase of physical activity
- ◆ Expect the appointment to last 1 to 1 ½ hours

Total Health Program Registration Form

Name: _____

Date: _____

Mailing Address: _____

Home Phone : _____

E-Mail Address: _____

Work Phone : _____

Cell Phone: _____

Age: 8-11 12-16 17-21 22-29 30-39 40-49 50-59 60-69 70+ over

Describe your lifestyle (Check One) _____ Inactive _____ Active _____ Very Active

Indicate **time of day** you think is best for you to exercise: Early AM Morning Afternoon Evening
Circle One 6-8 9-11 12-4 5-9

Do you have a **gender preference** with a Fitness Coach? Male Female None

List activities you enjoy: _____

Exercise History : (Check One)

_____ Never exercised

_____ I am currently involved in _____

_____ It has been _____ since I have exercised

Current Weight _____ How long at Current Weight _____ Desired Weight _____

How many days per week does exercise fit into your current lifestyle? _____

Why do you want to make exercise a part of your life? _____

What has stopped you in the past (if applicable)? _____

Where do you rate health & fitness in your life (1 being high priority, 5 being low)? 1 2 3 4 5

What is it that you expect to get out of this program? _____

Do you have a specific Fitness Goal you are trying to attain? _____

Are you recovering from an illness or injury? ___yes ___no If yes, explain _____

Do you most enjoy: ___1 on 1 exercise ___working out alone ___group exercise classes ___not sure

STAFF USE ONLY:

Assigned Coach _____ Date Received _____

Date of First Contact _____ Type of Contact: Phone E-mail In person Other

Date of First Appointment _____ Program Option _____