



## Small Group Request Form

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

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

### Training Sessions and Packages

#### One Session

All Groups  
(3-6 Participants) \$30

#### Three Sessions

3 Participants	\$80
4 Participants	\$80
5 Participants	\$75
6 Participants	\$75

#### Five Sessions

All Groups  
(3-6 Participants) \$115

**\*\*\*All Rates apply per participant\*\*\***

Endurance Training, Strength Training, Weight Loss, Functional Training Mobility, and Other

#### Names of Participants

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Type of Class:

#### Class Description:

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Note: Payment for sessions and packages are due before training sessions.

Please see the reverse side for additional questions and information.

**\*ALL PURCHASED SMALL GROUP PACKAGES AND SESSIONS WILL EXPIRE IF NOT USED WITHIN 6 MONTHS.**

For a better us.®

# PAR-Q (Physical Activity Readiness Questionnaire)

Being more active is safe for most people. However, some people should check with their doctor before they increase their physical activity. If you are planning to become more physically active than you are now, start by answering the questions in the box below.

If you are between the ages of 9 and 69, the PAR-Q will guide you on whether you should check with your physician before you start a fitness program. A parent or guardian should complete this form for those under the age of 18. If you are over 69 years of age, and you are not used to being very active, check with your physician first. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	Has your physician diagnosed you with a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem (i.e. hip, knee, shoulder, back, lower back, neck) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any other reason why you should not participate in physical activity?

## YES to one or more questions

- Talk with your doctor BEFORE you increase physical activity and BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.
- Talk with your doctor about the kinds of activities you wish to participate in and follow his/her recommendations.

## NO to all questions

- If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:
- Start becoming more physically active.
  - Begin slowly and build up gradually. This is the safest way to go.
  - Take part in a fitness assessment. This is an excellent way to determine your baseline fitness.

## CAUTION

- If you are not feeling well because of a temporary illness such as cold or a fever, delay physical activity until you feel better.
- If you are or may become pregnant, talk to your doctor before starting an exercise program.
- If your health changes so that you then answer YES to any of the above questions, discontinue physical activity until you consult your physician. Ask whether you should change your physical activity plan.

## Limitations/Concerns

Please describe below any physical limitations, medical conditions, or previous surgeries that may prevent your group from doing certain types of exercise. Please be specific!

## Additional Information

### Training Requested

Please select below the type of training you are requesting:

☐ 1 Session      ☐ 3 Sessions      ☐ 5 Sessions

### Request a Trainer:

### Days and Times Available (Please be specific!):

## Please Read and Understand:

I understand that if I make an appointment with a trainer and need to cancel the appointment, I must give at least a 24-hour notice. If I fail to do so, I understand the cost of the appointment can be charged to my account. I also understand that if someone in my group is not able to make it to a session, they will not be able to make it up.

All Group members must take the Physical Activity Readiness Questionnaire (PAR-Q) and seek medical consultation/approval if necessary before first session.

**Assumption of Risk and Responsibility:** In recognition of the inherent risks of personal injury or property damage of any kind that may occur while you are participating in any activity, you assume all such risks whether likely or unlikely, reasonable or unreasonable. This includes without limitation, all risk in your use of the locker room, facilities, activities, classes, personal training, pool, wet areas, parking lot, sidewalk and programs now or in the future made available.

**Release of Liability:** In consideration for your using the YMCA facilities and participating in YMCA activities or programs, you voluntarily and discharge from any and all legal liabilities, claims, demands, or claims, demands, or causes of action and further agree not to sue, claim against, property of or prosecute, and further agree to defend, indemnify and hold harmless, the Dow Bay Area Family YMCA, and its officers, directors, members, agents, employees, instructors or volunteers for any injury or death caused by or resulting from your participation in or use of any of the YMCA's activities, property or equipment whether or not caused by negligence or from any other cause.

*By signing below you and your group agree to the terms and conditions listed in this agreement and with the Y's rules & regulations.*

**Signature:**

**Date:**

Please submit completed forms to Kara Hagrel at [khagerl@ymcabaycity.org](mailto:khagerl@ymcabaycity.org). Forms can also be turn in at the front desk. Please allow 2-3 business days for a trainer to contact you. Thank you!