

Commit to be Fit

Commit to your health with our FREE Commit to be Fit program. Whether you need to learn the basics of starting a new exercise program or need to jumpstart an old routine, Commit to be Fit has a track just for you. You'll meet one-on-one with your Fit Coach, who'll work with you to help you determine an exercise plan that works with your lifestyle and can move you toward your health goals.

Five Tracks

basiccommit - for new or returning exercisers

teencommit - for members age 12 - 17

weightcommit - for members who want to lose weight

goldcommit - for members age 50+

fasttrack - for members who exercise regularly and know how to use the selectorized weight training equipment

What is included in the Commit to be Fit program?

- 60 - 90 minute one-on-one visit with a Fit Coach
- Four appointments with your Fit Coach spread over a three month period
- Participants receive a Commit to be Fit member folder, education handouts, activity/program schedules and charting information

What is discussed during my Fit Coach appointments?

- Medical history, past exercise history and current lifestyle
- Introduction to cardiovascular and weight equipment
- Activity options at the YMCA, home and outdoors
- Identifying activity barriers and problem solving
- Goal setting to include activity into daily life

Sign up today at the member service desk!





Initial Appointment Fact Sheet

Congratulations for signing up for our Commit to be Fit program. You have taken the first step to a healthier lifestyle. We are looking forward to getting to know you and to help you achieve a healthier you. Below are some facts you should know before your initial appointment.

If you have any questions please call Customer Service at _____.

- Commit to be Fit is a free program for all our members 12 years and up. This program can only be taken at the center where you first joined.
- You will be asked to fill out a Physical Activity Readiness Questionnaire (PAR-Q). If you answer yes to any of the questions, you may be required to have medical clearance. Please contact the Fitness Director prior to your scheduled appointment if you answer yes to any of the questions, or have your physician fill out the Medical Clearance form.
- Please arrive on time and dressed in workout attire. Proceed to the Fitness Center. Workout clothes and shoes are a safety requirement in all workout areas. Workout shoes must be closed toe, and street shoes or sandals are not permitted in any workout room.
- Bring your filled out Par-Q and Member Personal Profile form with you to the appointment. Members who arrive without this information filled out will need to reschedule their appointment.
- Allow up to 90 minutes for your first appointment and 60 minutes for follow-up appointments.
- Your initial appointment will consist of dialog between you and your coach about your goals and expectations from the program. You will learn about fitness center etiquette, fitness concepts, proper equipment use and safety procedures. You will then be introduced to 2-4 pieces of equipment depending on your fitness background.
- You will be asked to sign an informed consent form.
- If you wear glasses, please bring them along so you can see the screens on the machines.
- If you need to cancel your appointment, please call the Customer Service desk at least 24 hours prior to your appointment to reschedule. Other members may be waiting for an open appointment time slot and would gladly take your open spot.
- Parent/Guardians must accompany youth ages 12 –17 during the initial appointment. You will need to sign a consent form and have a brief meeting with your child's Coach.
- If you have additional questions, contact a Fit Coach or the Fitness Director at _____.

Your first appointment is scheduled for _____ on _____ with _____.
(time) (date) (Fit Coach)



Member Name: _____

Coach name: _____

For most people, physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable. Please circle your response and/or describe your condition in the space provided.

- | | | |
|--|-----|----|
| 1. Has your doctor ever said you have heart trouble? | Yes | No |
| 2. Do you suffer from pains in your chest? | Yes | No |
| 3. Do you feel faint or have spells of severe dizziness? | Yes | No |
| 4. Are you taking medications for high blood pressure? | Yes | No |
| 5. Has a doctor ever told you that you have a bone or joint problem such as arthritis, that may be made worse by exercising? | Yes | No |
| 6. Are you a diabetic? | Yes | No |
| 7. Do you have any respiratory problems? | Yes | No |
| 8. Are you pregnant? | Yes | No |
| 9. Do you smoke or have you ever smoked in the past? | Yes | No |
| 10. Are you over 65 and not accustomed to vigorous exercise? | Yes | No |
| 11. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | Yes | No |

If you answered yes to any of the above questions, you may need a medical clearance. Please contact the Fitness Director prior to your scheduled appointment to determine if this will be necessary.



Medical Clearance Form

Dear Doctor:

_____ (name of applicant) has applied for enrollment in an exercise program at the YMCA. The exercise program is designed to start easy and become progressively more difficult over a period of time. This exercise program will be administered by trained, qualified personnel – in a semi-supervised setting.

If you know of any medical or other reason why participation in the exercise program by the applicant would be unwise, please indicate so on this form.

If you have any questions about the YMCA exercise program Commit to be Fit, please call:

Fitness Director

Phone Number

The completed form may be faxed to:

Attention

Fax Number

Report of Physician

___ I know of no reason why the applicant may not participate

___ I believe the applicant can participate, but I urge caution because: _____

___ The applicant should not engage in the following activities: _____

___ I recommend that the applicant NOT participate.

Medications	Reason for medication	Effect on Heart Rate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Physician Signature _____ Date _____

Name Printed _____

Office address _____ Telephone # _____

City _____ State _____ Zip _____



Member Personal Profile (cont.)

In what activities do you Physically Participate (P) or enjoy Watching (W)? Put a P or W beside the activities.

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Skiing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Softball | <input type="checkbox"/> Wall/Rock Climbing |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Paintball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Home Cardio Machines |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Racquetball/Squash | <input type="checkbox"/> Tennis | <input type="checkbox"/> Home Workout Videos |
| <input type="checkbox"/> Football | <input type="checkbox"/> Roller Blading | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Home TV Fitness |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Run/Jog | | |
| <input type="checkbox"/> Group Fitness | | | |

Average hours per week you **participate** in the activities: _____ hours per week

Average **hours per week** you watch television: _____ hours per week

Please put an X beside any of the activities or equipment listed below in which you've participated in the past.

Group Exercise Classes

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Abs/Core | <input type="checkbox"/> Cycling Class | <input type="checkbox"/> Sports Conditioning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Advanced Step | <input type="checkbox"/> Dance classes | <input type="checkbox"/> Stability Ball | _____ |
| <input type="checkbox"/> Aqua classes | <input type="checkbox"/> Hi/Lo Combo | <input type="checkbox"/> Starter Fitness | _____ |
| <input type="checkbox"/> Body Pump | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Starter Step | _____ |
| <input type="checkbox"/> Boot Camp | <input type="checkbox"/> Low Impact | <input type="checkbox"/> Step Circuit | |
| <input type="checkbox"/> Cardio Kickbox | <input type="checkbox"/> Sculpting/Toning | <input type="checkbox"/> Stretching | |
| <input type="checkbox"/> Cross Training | <input type="checkbox"/> Senior Fitness | <input type="checkbox"/> Yoga | |

Fitness Facility Equipment

- | | | |
|--|---|--|
| <input type="checkbox"/> Treadmill | <input type="checkbox"/> Recumbent Bike | <input type="checkbox"/> Elliptical machines (Crosstrainer, ArcTrainer,) |
| <input type="checkbox"/> Stair climber | <input type="checkbox"/> Upright Bike | <input type="checkbox"/> Rowing machine |
| <input type="checkbox"/> Other _____ | | |

Describe your daily functional lifestyle (check one):

- Inactive Active Very Active

How would you rate your overall physical health?

- Poor Fair Good Excellent

In order, please list your top three health and fitness goals?

1. _____
2. _____
3. _____

Days and times most convenient for your activity program:

- | | | | | |
|-----------|-----------------------------|---------------------------------|-----------------------------|---|
| Monday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | Additional comments:

_____ |
| Tuesday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |
| Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |
| Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |
| Friday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |
| Saturday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |
| Sunday | <input type="checkbox"/> AM | <input type="checkbox"/> Midday | <input type="checkbox"/> PM | |