



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Member Orientation

For a \$20 fee, a trainer will contact you to do a wellness orientation specifically for your needs to help you get started. If you interested, please fill out this form and one of our trainers will contact you to schedule an appointment.

Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Date of Birth _____
Email: _____

1. What time of day do you plan on visiting the Y? _____

2. Which of these areas would you like to know more about?

- | | | |
|--|---|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Cardio Vascular Health | <input type="checkbox"/> General Fitness |
| <input type="checkbox"/> Family Time | <input type="checkbox"/> Recreation | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Social | <input type="checkbox"/> Maintain my fitness | <input type="checkbox"/> Sport Training |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Mind/Body Classes | <input type="checkbox"/> Meet New People |

Other: _____

3. Do you have any physical limitations you feel would be helpful for us to know about? _____

4. What Program areas are you most interested in getting started with?

- | | | |
|---|--|---|
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Cardio Machines | <input type="checkbox"/> Group Exercise |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Water Aerobics | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Family Programs | <input type="checkbox"/> Senior Fitness |
| <input type="checkbox"/> Arthritis Programs | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Other _____ |

\$20.00 Paid _____ Method of payment _____ DECLINED _____

For Internal Use Only

Notes:-

Tour Given By: _____

Fitness Consultation: Yes No