



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LET'S GET STARTED

A Trainer will be contacting you to set up your new member orientation. Thank you for joining the Y!

Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Email: _____

1. Have you been a member of a YMCA or wellness center before? (Y) (N)
2. Have you been a member of this YMCA before? (Y) or (N)
3. What time of day do you plan on visiting the Y? _____
4. Rank your top three goals?

<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: _____
5. On a scale of 1 to 10, how important is it for you to achieve this goal? _____
6. On a scale of 1 to 10, how confident are you that you can reach this goal? _____
7. 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 _____
8. What can we do to help get you started?

