



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?

— Weight Loss

— Cardio Vascular Health

— General Fitness

— Family Time

— Recreation

— Stress Management

— Social

— Maintain my fitness

— Sport Training

— Strength Training

— Mind/Body Classes

— 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?

— Weight Training

— Cardio Machines

— Group Exercise

— Swimming

— Water Aerobics

— Youth Programs

— Teen Programs

— Family Programs

— Senior Fitness

— Arthritis Programs

— Personal Training

— Other _____

8. What can we do to help get you started?

For Internal Use Only

Notes:-

Tour Given By: _____

Fitness Consultation: Yes No