

\$20.00 Paid _____ Method of payment _____



New Member Orientation

**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: _____ Date of Birth _____
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?

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Notes:-

Tour Given By: _____

Fitness Consultation: Yes No