



My Y Questionnaire

Answering these questions will help us ensure you get the most out of your Y experience.

I heard about the Y through: (Circle all that apply)

- | | | | |
|---|--------------|-------------------|------------------|
| Radio | Outdoor Sign | Direct Mail/Flyer | Website/Facebook |
| Newspaper | Work | Former Member | Medical Referral |
| Referred by a Y member (who please, we'd like to thank them.) | | | |

Other _____

My main areas of interests are: (Circle all that apply)

- | | | | |
|-------------------|-----------------------|--------------|-------------------|
| Group Exercise | Child Care | Family Rec. | Summer Camp |
| Group Cycling | Coaching | Volunteerism | Swim Lessons |
| Strength Training | Parent/Child Programs | Fundraising | Senior Programs |
| Sports | Teen Activities | Board Member | Social Activities |
| Pickleball | Raquetball | | |

Other _____

My wellness goals are: (Circle all that apply)

- | | | |
|-----------------------------|---------------------------------|--------------------------------|
| Socialization/ Meet Friends | Stress Management/Time for Self | Improve Cardiovascular Fitness |
| Improve Physical Strength | Improve Balance & Flexibility | Weight Management |

Other _____

Please complete and return the orientation request sheet found in your new member packet for direction on how to correctly use the equipment or to speak with a personal trainer about your fitness goals.

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**