

Personal Training Request Form

Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out the following information and drop off at the Service Desk.

Name: _____ **Date:** _____

Age / Birthday: _____ **Current Member** **New Member** **Non-Member**

Phone (home): _____ **Phone (cell):** _____

Email: _____

HEALTH & FITNESS GOALS: Please check all that apply.		
General Health	Fitness	Functional
<input type="checkbox"/> Weight management <input type="checkbox"/> Lower cholesterol <input type="checkbox"/> Improve body composition <input type="checkbox"/> Reduce stress <input type="checkbox"/> Reduce my risk of disease	<input type="checkbox"/> Increase aerobic capacity <input type="checkbox"/> Increase muscular strength <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Sport-specific training Specify Sport: _____	<input type="checkbox"/> Improve balance <input type="checkbox"/> Improve posture <input type="checkbox"/> Reduce back pain <input type="checkbox"/> Strengthen core (abs/back) <input type="checkbox"/> Other

Please list any injuries or joint limitations (Include neck, shoulders, hips, knees, low back, etc.):

Past exercise experience:

To help us match you up with the most appropriate personal trainer, please circle your preferences below.

1. Number of personal training sessions per week:	1	2	3	4	5		
2. Length of each personal training session:	½ Hour		One Hour				
3. Wkly training days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4. Time(s) of the day you are available for training:							
<input type="checkbox"/> Early morning (5:15 – 8:00 am)	<input type="checkbox"/> Mid-morning (8:00 – 11:00 am)						<input type="checkbox"/> Early afternoon (11am – 2 pm)
<input type="checkbox"/> Late afternoon (2:00 – 5:00 pm)	<input type="checkbox"/> Evening (5:00 – 8:00 pm)						<input type="checkbox"/> Late evening (8:00 – 10:00 pm)
5. Please Indicate Preference:	<input type="checkbox"/> Female Trainer	<input type="checkbox"/> Male Trainer					<input type="checkbox"/> No Preference
6. Specific trainer:	_____	Preferred Start Date:	_____				

A personal trainer will contact you to set up an appointment.