

# Personal Training Interest 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 Member Service or Fitness desk.

Name		Date
Age / Date of Birth	<input type="checkbox"/> Current Member <input type="checkbox"/> New Member <input type="checkbox"/> 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 risk of disease	<input type="checkbox"/> Increase aerobic capacity <input type="checkbox"/> Increase muscular strength <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Sports 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 with the most appropriate personal trainer, please circle your preferences below.

Number of personal training session per week:	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Length:	<b>30-min</b>	<b>60-min</b>
Days available ( <i>circle all that apply</i> )	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>S</b>	<b>SU</b>	
Please check the time(s) of the day you are available to personal train:								
<input type="checkbox"/> Early morning (5:00 - 8:00 AM)			<input type="checkbox"/> Mid-morning (8:00 - 11:00 AM)			<input type="checkbox"/> Early afternoon (11:00 AM - 2:00 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)		
Please indicate preference: <input type="checkbox"/> Female Trainer <input type="checkbox"/> Male Trainer <input type="checkbox"/> No Preference <input type="checkbox"/> Specific Trainer:								
Preferred Start Date:				Name of Member who referred you to PT:				

**A personal trainer will contact you to set up an appointment. Full fee will be charged for appointments cancelled with less than 24-hour notice. All sessions will expire six months from the date of purchase.**

Initial \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_