



PERSONAL TRAINING REQUEST FORM

NEW CLIENT DATA SHEET

TODAY'S DATE: _____ AGE: _____
NAME: _____ PHONE#: _____
EMAIL: _____

PERSONAL TRAINER PREFERENCE (PLEASE CIRCLE ONE OR WRITE DOWN TRAINERS NAME):

Male Female Trainer's Name: _____

PREFERRED TRAINING DAYS

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PREFERRED TRAINING TIMES (PLEASE SPECIFY TIME FRAME)

Mornings: _____

Afternoons: _____

Evenings: _____

PLEASE SPECIFY ANY TRAINING/EXERCISE PREFERENCES:

MEDICAL INFORMATION – PLEASE LIST ALL HEALTH CONCERNS, INJURIES OR EXERCISE RESTRICTIONS. PLEASE NOTE THAT IF YOU ANSWER YES TO ANY OF THE PAR-Q QUESTIONS YOU WILL BE REQUIRED TO PRESENT A DOCTOR'S NOTE BY THE TIME YOUR CONSULTATION.

*******ADMINISTRATION ONLY*******

Date Received: _____ Staff Name: _____

Trainer Assigned: Yes No Trainer Name: _____

Trainer Reply: _____

COORDINATOR'S SIGNATURE: _____

DATE: _____