

PERSONAL TRAINING Request Form



CLIENT INFORMATION

Date: _____ Age: _____
Name: _____ Phone #: _____
Email: _____

PREFERENCES

Personal Trainer Preference: Male Female **Trainer's Name:** _____
Preferred Training Days: Mon Tues Wed Thurs Fri Sat Sun
Preferred Training Time: Mornings Afternoons Evenings

Please specify any training/excercise 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.

How did you hear about our Personal Training services?

ADMINISTRATION ONLY

Date Received: _____ Staff Name: _____
Assigned Trainer: _____

Attempt:	Date:	Contact Method:	Response:
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

Coordinator's Signature: _____ Date: _____