



## Personal Training Request

Name \_\_\_\_\_ (M/F) Age \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Trainer preference (M/F) or name: \_\_\_\_\_

What type of session (Please circle):

Orientation    Assessment    Personal Training    Rehabilitation

Number of session's requested \_\_\_\_\_

Days & times preferred \_\_\_\_\_

How many times per week do you currently exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

Do you have any injuries or conditions (Please circle)

Heart/Circulation    Blood Pressure    Dizziness    Asthma    Diabetes  
Recent Surgery    Epilepsy    Arthritis    Muscle/Joint    Other \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Please sign below if your Doctor has recommended exercise.

*Please note: A Medical Clearance form may be required prior to participation*

Signature \_\_\_\_\_ Doctor's Name \_\_\_\_\_

### Personal Training Information

Our guidelines for participation are as follows:

1. Personal Training requires payment in full at Reception prior to your first session. Your receipt is required at the first session. Please meet your trainer in the Weight Room.
2. 24 hours cancellation notice is required to reschedule your session.
3. To optimize your session, please come on time and prepared to exercise.

Thank you for completing the personal training request form. We look forward to contacting you to book your session and get you started.