



Personal Training Request Form

Client Name _____ Today's Date _____
Home Phone _____ Work Phone _____
Emergency Contact _____ Emergency Phone _____

Trainer preference

Male _____
Female _____
Either _____

Your fitness level

Beginner _____
Intermediate _____
Advanced _____

I have personal trained before

Yes _____
No _____

Request a Trainer _____

Please list any physical limitations or medical complications

Fitness Goals and Objectives

Times and days you would like to train

Weekdays _____
Weekends _____

Morning _____
Afternoon _____
Evening _____

Personal Training Policies & Procedures

If you need to cancel and/or reschedule an appointment, it must be done 24 hours in advance.
Any cancellation received under 24 hours will be counted as a session and reduces the training package
If you arrive late to a session, you're entitles to train for the remaining time left of the scheduled session
Unused sessions expire 6 months after the last used session unless discussed with Fitness Manager prior

Member Acknowledgement

By signing below, I hereby agree to the terms and conditions listed above

Member Signature _____