



Request for Personal Training

Please fill out the following information about yourself. We will review your information and provide you with the most appropriate trainer for your goals, fitness level and personality traits so please be specific. This is only a request for a personal trainer and does not imply any commitment other than an initial fitness assessment to be performed by your trainer. You and your trainer will then determine what type of fitness program is best for you and for what duration of time. Please return this to the Rec/IM front desk when completed and we will contact you within the next 48 – 72 hours. **Thank you for your interest.**

Name: _____.

Address: _____

_____.

Phone # :(_____) _____.

Email: _____.

How did you hear about our program? _____.

What is your gender? _____ Male Female _____.

Do you prefer a specific trainer? Male Female or Name: _____.

Have you ever worked with a personal trainer before? If so, for how long?
_____.

Are you training for a specific event, occasion, sport or general fitness? _____.

Briefly describe your current exercise program:

_____.

What are your strengths (both physical and mental)? _____
_____.

What are your weaknesses? _____
_____.



What motivates you? _____.

What do you want to accomplish with your trainer? _____

Circle the items that you would like to learn more about:

- | | | |
|--------------------------|-------------------------|-------------------------------|
| Weight loss | Flexibility | Muscle building / Weight gain |
| Strength training | Circuit training | Nutritional planning |
| Cardiovascular endurance | Home exercise | Group Fitness classes |
| Muscle endurance | Sport-specific training | Other: |

What are the most convenient days and times for you to meet with your trainer?

- | | | |
|-----------|----------|------------|
| Monday | Friday | 7am -11am |
| Tuesday | Saturday | 12pm – 4pm |
| Wednesday | Sunday | 5pm – 9pm |
| Thursday | | |

Please give any additional information that you want your trainer to know:

Thank you for taking the time to tell us about yourself. The information that you have provided will help us plan, organize and customize your training program. By signing below you are accepting full responsibility for your health and well-being in this voluntary exercise program. You will follow all of the rules of the facility and instructions on the proper use of the equipment. If you have any prior injury or physical or medical condition which might affect your exercise program, you will consult with your physician about your limits before engaging in the program. You also understand that no responsibility of injury is assumed by the trainer or by B Young - B Fit LLC. By signing below you agree to pay the initial assessment fee of \$35 and this amount can be credited towards your total personal training package. The initial fee will not be refunded if you fail to show up at your scheduled time (TBD by you and your trainer) and/or if you decide not to purchase any additional personal training sessions.

Signature

Date

Amount paid

Payment type