



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 to meet your fitness goals. This is only a request and does not imply any commitment other than an initial consultation. You and your trainer will then determine the type of fitness program that is best for you. Please email this to Kristi Teasdale at kteasdale@emich.edu. We will contact you within the next 48-72 hours.

Name: _____ **Birth Date:** _____

Address: _____

Phone Number: () _____ **Email:** _____

How did you hear about our program? _____

What is your gender? Male / Female / Other: _____

Do you have a trainer preference? Male / Female | Name: _____

If you are interested in training with a partner, please list your partner's name:

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

What are your health and fitness goals? (Are you training for a specific event, occasion, sport or general fitness?) _____

What do you want to accomplish with your trainer? _____

Briefly describe your current exercise program: _____

What are your strengths (both physical and mental)?

What are your biggest challenges? _____

What motivates you? _____

Please specify any additional information that you would like your trainer to know:

Rate each of the following goals in LEVEL OF IMPORTANCE TO YOU:

	Not at all	Somewhat	Very
<u>Weight loss</u>	_____	_____	_____
<u>Weight gain</u>	_____	_____	_____
<u>Cardiovascular improvement</u>	_____	_____	_____
<u>Muscular strength</u>	_____	_____	_____
<u>Muscular endurance</u>	_____	_____	_____
<u>Muscular size</u>	_____	_____	_____
<u>Toning body</u>	_____	_____	_____
<u>Flexibility improvement</u>	_____	_____	_____
<u>Performance for specific sport</u>	_____	_____	_____
<u>Home exercise</u>	_____	_____	_____
<u>Functional fitness</u>	_____	_____	_____
<u>Feeling better</u>	_____	_____	_____
<u>Enjoyment</u>	_____	_____	_____
<u>Nutrition / meal planning</u>	_____	_____	_____

Please put **X's** in the **days and times that will NOT work for you** to meet with your trainer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							

The information that you have provided will help us customize your training program to fit your goals. By signing below you are accepting full responsibility for your health and well-being during this program. You will follow the rules of the facility and instructions on the proper use of 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 The Rec/IM or trainer do not assume any responsibility for injury.

Signature

Date