

# PERSONAL TRAINING

## Request Form



### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Contact Method \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Which YMCA location are you interested in Personal Training?

Kalamazoo (Maple St.)

Portage (Centre Ave.)

Either

### SERVICES

What services are you interested in? (check all that apply)

Personal Training (individual)

Small Group Personal Training

Registered Dietitian Services

Other \_\_\_\_\_

What are your wellness goals? (check all that apply)

Weight Loss

Strength Training

Running Training

Endurance Training

Personal Pilates Training

Personal Yoga Training

Other \_\_\_\_\_

### HEALTH AND FITNESS INFORMATION

What days and times are you available? \_\_\_\_\_

How many cardio workouts do you currently do per week? \_\_\_\_\_

How many strength workouts do you currently do per week? \_\_\_\_\_

Please describe any physical limitations or medical conditions that may prevent you from doing certain types of exercise. \_\_\_\_\_  
\_\_\_\_\_

Would you like to request a specific trainer? \_\_\_\_\_

### PLEASE READ AND SIGN

I understand that if I make an appointment with a trainer and need to cancel the appointment, I must give at least 24 hour notice. If I fail to do so, I understand the cost of the appointment will be charged to my account. All personal training packages expire six months after purchase. All personal training purchases are non-refundable.

I have read this document and acknowledge all that it includes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date