



PERSONAL TRAINING REQUEST FORM

Our mission is to help you achieve your fitness goals and optimum health by creating an effective, motivating and personalized program so you can make a positive change that will turn into a long and healthy lifestyle.

Date: _____

NAME: _____ AGE: _____ SEX: MALE FEMALE

PHONE: HOME () _____ CELL () _____

BUSINESS () _____ EMAIL _____

ADDRESS: _____ CITY: _____ ZIP: _____

Fitness Goals and Objectives:

- | | | |
|--------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Reduce body fat |
| <input type="checkbox"/> Physical strength | <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Sports specific training |

Do you...

- | | | | | | |
|---------------------------------------|---|---|------------------------------------------------------------|---|---|
| -have a heart condition? | Y | N | -have a bone or joint problem? | Y | N |
| -feel pain in chest during activity? | Y | N | -take prescription medication? | Y | N |
| -have dizziness or lose your balance? | Y | N | -know of any reason why you should not engage in exercise? | Y | N |

If you answered YES to any of these questions, please explain:

Preferred training day/time: _____

Trainer preferred: Male Female Indifferent

Specific Trainer Requested: _____

Are you purchasing: 1 Hour session 1/2 Hour session Nutrition Package

Are you purchasing a Partner Training for: PILATES KETTLEBELL
 YOGA BOOT CAMP

How did you hear about training at the Y? Fitness Staff Brochure Friend
 Front Desk Staff Website Facebook

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*** If a current Personal Training client at the Lakeland Hills YMCA referred you, fill out their information:**

Referred by: _____ Date: _____

Trainer: _____