



## Personal Trainer Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

▪ Trainer preference, if any: Male \_\_\_ Female \_\_\_ It does not matter \_\_\_

Specific Trainer \_\_\_\_\_

▪ Have you ever had a personal trainer at this facility before? Yes \_\_\_ No \_\_\_

If Yes, with whom? \_\_\_\_\_

▪ Would you consider yourself a \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

▪ Physician restrictions or medical complications \_\_\_\_\_

\_\_\_\_\_

▪ Goals and objectives \_\_\_\_\_

\_\_\_\_\_

▪ Time and days you would like to train:

Mon.-Fri. \_\_\_ Early morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

### Cancellation Policy

**\*\*If you need to cancel and/or reschedule an appointment, it must be made at least 24 hours in advance in which you must speak directly with the personal trainer.**

**\*\*If you arrive late for a session, you are entitled to train for the remaining time left in that session.**

**\*\* If you must cancel within 24 hours of the session or do not show up for the session, you will be deducted one session from your personal training package.**

**By signing below, the member hereby agrees to the terms and conditions listed above.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_