



Personal Training

Client Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Cell: _____ Home: _____ Work: _____

Type of Training: (Circle One) Individual Two person

Session Preference: (Circle One) ½ Hour Session 1 Hour Session

Number of Sessions: 1 4 8 12

Trainer Preference: (Circle One) Male Female Either

Preferred Days to Train: (Circle as Many as Apply)
Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Time: _____ Start Date: _____

Fitness Goals: _____

On a scale of 1 to 10, how active are you on a daily basis? (1= not at all, 10= Extremely)

Favorite Activities: (ex. running, walking, tennis, weight training, etc...)

Please list any medical concerns or limitations you may have, so we can assign the appropriate Personal Trainer whose expertise is specific to your health conditions and personal fitness goals.

