

Personal Training

Get up to 5 one-on-one sessions with a Certified Personal Trainer

Name: _____ Birth date: _____ Contact Number: _____

Email: _____ Student/Fac/Staff or Alumni _____

If Fac/Staff or Alumni, are you current member? _____

I am interested in:

- Initial Consultation and Assessment (required)
- 1 Personal Training session (required)
- 3 Personal Training Sessions
- 5 Personal Training Sessions

Please list days and times you are available including weekends. List as much availability as you can. (For ex., “everyday after 4pm, Mon & Wed before 2pm”)

Exercise/activity history (previous athletic and/or gym, health club) _____

When was your last physical? Any medical conditions I should know about?

What is your daily lifestyle like (classes, job, commute, stresses)? _____

What is your reason for seeking consultation? _____

Ultimately, what goals do you wish to accomplish through your training – both short term and long term? _____

Office use only Date Submitted _____ Appt. Date _____
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