



VRC Personal Training Request Form

Vandalia Recreation Center. 1111 Stonequarry Road. Dayton Ohio. 45414. 397.415.2340

Please fill out this form as accurate as possible. [Please print] Date: _____

Name: _____ Phone: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Address: _____

Email Address: _____

Trainer Preference: Trainer name _____

Training package:

Single Session 2 Sessions/week 3 Sessions/week Other _____

Availability: Please provide the days/times you are available to work with a personal trainer:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	



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Health and Fitness Goals: Please rank – 1 being the most important

____ Lose Body Fat

____ Strengthen/Tone

____ Stress Release

____ Energy Level Increase

____ Other _____

Success Plan:

What am I hoping to gain from an exercise routine?

What are specific goals that I have?

What behaviors will I change to reach my goals?

What will be some barriers to my success?



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Initial Health Survey

Have you had, or do you presently have any of the following? (Check if yes)

_____ Smoke

_____ Recent Operation/surgery

_____ High Blood Pressure

_____ Low Blood Pressure

_____ Seizures

_____ Lung Disease

_____ Heart Attack or known heart disease

_____ Fainting or dizziness

_____ Diabetes

_____ High cholesterol

_____ Chest Pains

_____ Cancer

_____ Other (please describe): _____

Family History

Has anyone in your immediate family (Male before 55 years of age, Female before 65 years of age) experienced any of the following conditions? (Check if yes)

_____ Heart Attack

_____ Heart operation

_____ Congenital heart disease

_____ High Blood Pressure

_____ High Cholesterol

_____ Diabetes

_____ Other major illnesses: _____



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Please note: *Your trainer may request a medical release from your physician before they will be able to work with you. This is not only for your safety but for the safety of your trainer and the Vandalia Recreation Center. VRC Preferred Trainers are not employed by the City of Vandalia and therefore are independent contractors.*

Waiver & Release: In consideration of the City of Vandalia granting me the permission to engage in the recreational activities with the Vandalia Recreation Dept., the signed does hereby waive, release, save and hold harmless and indemnify the City of Vandalia, its employees, agents and independent contractors for any and all claims for damage of personal injury to me or loss of property which may be caused by any act of failure to act on the part of the City of Vandalia, its employees, agents and independent contractors. The signed further assumes the risk of all dangerous conditions in and about the City of Vandalia Recreation Dept. property both real and personal and waives any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the signed children, heirs, assigns, executors and administrators.

First NAME – please print

Last NAME

DATE

Signature

DATE

If you have any questions/concerns regarding training at the VRC, please contact the Fitness Supervisor at slavy@vandaliaohio.org or at 937.415.2337

STAFF USE ONLY:

Date form received by supervisor: _____

Client assigned to: (trainer's name) _____

Client contacted by trainer: **Y / N** Date contacted: _____

Supervisor follow up: **Y / N** Date: _____