

# PERSONAL TRAINING REQUEST FORM

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

How did you hear about personal training? Brochure \_\_\_\_ Staff \_\_\_\_ Other \_\_\_\_

Preferred workout day/time? (Check all that apply)

Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_

Best number / time to contact you? \_\_\_\_\_

What type of session are you interested in?

Single (\$35) \_\_\_\_ Pckg of 5 (\$160) \_\_\_\_ Pckg of 10 (\$295) \_\_\_\_

Buddy (\$50) \_\_\_\_ Pckg of 5 (\$225) \_\_\_\_ Pckg of 10 (\$425) \_\_\_\_

How many times per week / month would you prefer to train? \_\_\_\_\_

Are you presently exercising? \_\_\_\_\_ How many hours a week? \_\_\_\_\_

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

Any Physician restrictions, injuries or medical complications \_\_\_\_\_

What is your main goal or objective? \_\_\_\_\_

## **Frequently Asked Questions?**

**When will my trainer call?** Please allow at least 3 working days after you have turned in your request for a trainer to contact you.

**What if I have to cancel my appointment?** You must call and give your trainer at least 2 hours notice. If you do not call or you give less than 2 hours notice, your session will not be rescheduled and a refund will not be issued. Calls may be made to the Center (859-873-5948) or to the trainer, depending on the trainer's preference.

VERSAILLES-WOODFORD COUNTY PARKS & RECREATION

275 BEASLEY DRIVE

Phone: 859-873-5948 / Fax: 859-873-7703

www.fallingsprings.net