



# Personal Training Request Form

## CLIENT INFORMATION

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Preferred days/times: \_\_\_\_\_

Trainer Requested if any: \_\_\_\_\_

Have you ever had a Personal Trainer before? Yes No

Are you currently involved in a fitness program? Yes No

What activities/exercises do you enjoy indoors/outdoors? \_\_\_\_\_

What is your motivation to have a personal trainer? \_\_\_\_\_

How many times per week do you want to work with a trainer? \_\_\_\_\_

Areas of Focus:    Strength/Cardio    Yoga    Dance    Balance    Water    Other

- If you do not request a specific trainer, we will find a trainer that is available at your request times and meets your needs.
- All sessions must be paid for in advance.
- A 24 hour notice of cancellation is required. If a 24 hour notice is not given, with the exception of immediate illness, the fee for that session will stand and be applied.
- If late for a session, the session may be cut short due to schedule conflicts that may arise.
- If you have any special needs or physical concerns, please indicate above.
- Please allow a 5-day processing period.

I have read and understand the above information.

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



# Personal Health History Form

Physician's name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Does your physician know that you are participating in an exercise/fitness program? Yes No

Date of your last physical examination: \_\_\_\_\_ Are you taking any medications? Yes No  
(If yes please list medications & reasons for taking them)

Has your physician given you any limitations?

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Medication

Reason for usage

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Any significant side effects from medications:

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Please circle any and all medical conditions that apply to you currently or from the past from the list below:

Arthritis

Where: \_\_\_\_\_

Asthma

Cancer

When: \_\_\_\_\_

Chest Pain

Depression

Diabetes

Dizziness

Gastrointestinal Disease

Heart Disease

Hernia

High Blood Pressure

Immune System Disease

Increased Blood Cholesterol

Kidney Disease

Lung/Pulmonary Disease

Neuromuscular Disease

Osteoporosis

Pancreatitis

Parkinson's Disease

Pregnant

Replacements:

What and When: \_\_\_\_\_

\_\_\_\_\_

Ulcer

Other:

Please explain any circle answers and if a doctor has recommended high level care for any of the above?



# Personal Training Contract

We agree to participate in a personal training program designed by \_\_\_\_\_ per session, for \_\_\_\_\_ sessions.

I, the client, agree to give 24 hour notice for cancellation of sessions. I understand that if 24 hours notice is not given, with the exception of immediate illness, the fee for that session will stand and be applied to the client's next bill.

I, the trainer, agree to give 24 hours notice for cancellation of session. I understand that if 24 hours is not given, the fee for that session will be waived.

I, the client, understand that if I am not on time for sessions, they may be cut short and the fee for that session will stand and will be applied as a full session.

I, the trainer, understand that if I am not on time for sessions, the time will be made up at the session or at a subsequent session.

I, the client, understand that there is no guarantee as to the outcome of the training program and that failure to follow the program as described by the trainer may result in my goals not being reached. The outcome of any training program will be due to the work that I (the client) do, my abilities, and genetic makeup. These factors are beyond control of the trainer.

We understand that the Client/Trainer sessions are confidential and information regarding the Client/Trainer will not be disclosed to others outside the sessions.

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**Client Signature**

**Date**

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**YMCA Trainer Signature**

**Date**

**We are here to help! Contact your friends in the YMCA Wellness Center for wellness tips and support!**