



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Training Interest Form

First Time Client ONLY

Please complete this form and give it to a Welcome Desk staff member. By answering the questions below, our Personal Training Coordinator can help match you with a trainer who is right for you.

Date: _____

Name: _____

Age: _____

Cell / Home Phone: _____ Work Phone: _____

Email: _____

Ideal contact method: _____

Tell us a little bit about you:

Goals / objectives for workout sessions: _____

Workout schedule — best days and times to schedule:

Injuries/health concerns: _____

Trainer preference (if any): _____

Other information we should know _____

Welcome Desk Staff: Return to the Personal Training Coordinator's mailbox.