



PERSONAL TRAINING REQUEST FORM

When completed, email this form to kanhalt@hfparks.com

DATE: _____

NAME: _____ AGE: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

CHOOSE ONE: Personal Training Pilates Personal Training

I AM INTERESTED IN: 55-min. Training Sessions 30-min. Training Sessions

I AM AVAILABLE TO BEGIN TRAINING ON: _____

NUMBER OF DAYS A WEEK I WOULD LIKE TO TRAIN: 1 2 3 4+

SPECIFIC DAYS I WOULD LIKE TO TRAIN:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PREFERRED TRAINING TIME(S): _____

I CONSIDER MYSELF AT THIS FITNESS LEVEL: Beginner Intermediate Advanced

EXERCISE HISTORY (past 6 months): _____

MY MAIN FITNESS GOAL IS:

Weight Loss Weight Gain Overall Strength Gain Sport Specific: _____
 General Health & Wellness Post Rehab Other: _____

TRAINER PREFERENCE: Male Female No Preference Specific Trainer (write below)

REQUESTED TRAINER: _____

Note: Pilates Personal Training only instructed by Jill Smith.

HEALTH HISTORY

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU SHOULD SEEK MEDICAL AUTHORIZATION BEFORE EXERCISING:

Do you have or have you ever had any of the following?

- Heart attack Yes No
- Heart disease Yes No
- Stroke Yes No
- Abnormal EKG Yes No

Do you take any medications?

- For your heart Yes No
- For high-blood pressure Yes No
- For high cholesterol Yes No
- For diabetes Yes No

Physical restrictions or medical complications: _____

Personal Training payment procedure & agreement:

- All sessions must be paid in full prior to training.
- Any personal training client must notify the trainer at least 24 hours in advance to reschedule a session or will be charged the full amount.
- All session packages are non-refundable & non-transferrable.
- Regardless of the arrival time, sessions will end at the scheduled time.
- Trainers may not be available immediately. One week lead time may be needed to secure a trainer.

FOR OFFICE USE ONLY

The future client was contacted _____ and I:

- left a message
- spoke to a family member
- spoke to potential client

Trainers contacted _____ on _____

Trainers contacted _____ on _____

Trainers contacted _____ on _____