

Workout Program Request Form



Name: _____ Phone: _____

Email: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Rates

4 Week Training Program

Member: \$80
Non Member: \$110

Individual-Hour Personal Training + 4 Week Training Program

Member: \$105
Non Member: \$145

Note: Payment for sessions and packages are due before training sessions.

Additional Information

Training Requested Please select below the type of training you are requesting.

- Workout Program Workout Program + 1-Hour Personal Training Session)

Request a Trainer: _____

If requesting a personal training session, please indicate your availability (dates/times). Please be specific.

Please see the reverse side for additional questions and information.

Explain your current workout regimen: Please circle the level at which you believe you are currently at for each activity below & briefly describe (number of days per week, duration, type):

Cardio Experience Level: Beginner Intermediate Advanced

Additional Info: _____

Resistance (weight) Training Experience Level: Beginner Intermediate Advanced

Additional Info: _____

Limitations/Concerns Please describe below any physical limitations, medical conditions, or previous surgeries that may prevent you from doing certain types of exercise. **Please be specific!**

What are your Fitness goals? Are you training for a 5k? Do you want to increase strength? Are you looking for ways to flatten your stomach? Please be specific!

How much time per week are you able to dedicate to your workouts? Do you have 30 minutes per day/5 days a week? Can you commit 1 hour on Monday, Wednesday, Friday? Is time not an obstacle? Please tell us about your schedule.

What equipment do you have access to at home? Do you have dumbbells, a kettlebell, bands, ankle weights, jump rope, treadmill, etc.

Please read and understand:

I understand that if I make an appointment with a trainer and need to cancel the appointment, I must give at least a 24-hour notice. If I fail to do so, I understand the cost of the appointment can be charged to my account.

Signature _____ **Date** _____

Please submit completed forms to Nicole Jewell, Assistant Director of Sports & Wellness. Please allow 2-3 business days for a trainer to contact you.

Thank you!