Personal Training Interest Form

PLEASE ALLOW 5-7 BUSINESS DAYS FROM PURCHASE FOR CONTACT

General Information

Mr. ___ Mrs. ___ Ms.___ Dr.___ Today's Date _____

First _____ Initial ____ Last _____

Address _____

City _____ State _____ Zip _____

Phone: (H/C) _____ (W) _____

Date of Birth _____/_____/____ Age _____ Sex: Male _____ Female _____

Email address: _____

Are you with the SilverSneakers program? (Circle one) Yes No

Do you have a personal physician?

If yes, Name _____ Phone _____

Is your physician aware that you are beginning an exercise program? Yes No

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Emergency Contact _____ Relationship _____

Phone: (H/C) _____ (W) _____

Health History

Are you aware of any current or past health issues that your Personal Trainer should be aware of?
(I.E. high blood pressure or cholesterol, diabetes, heart attack, etc.)

Please Explain: _____

_____

_____

_____

Personal Trainer Comments: _____

_____

Do you have any orthopedic injuries that your Personal Trainer should be aware of? (I.E. Joint replacement surgeries; back, shoulder, knee, etc. injuries, etc.)

Please Explain: _____

_____

_____

_____

Do you smoke? Yes No How much per day _____ How many years _____

Did you smoke? Yes No How long as it been since you've quit _____

(Over please)

Exercise History and Goals

Are you presently exercising? Yes No

If yes, please specify activity and duration of time per week (circle each):

Aerobic activity			**Strength Training**			**Flexibility**	
TIME	FREQUENCY		TIME	FREQUENCY		TIME	FREQUENCY
<20mins	1-2 x/wk		<20mins	1-2 x/wk		<20mins	1-2 x/wk
20-30 mins	3-4 x/wk		20-30 mins	3-4 x/wk		20-30 mins	3-4 x/wk
30-60 mins	> 5 x/wk		30-60 mins	> 5 x/wk		30-60 mins	> 5 x/wk
> 60 mins			> 60 mins			> 60 mins	
(i.e. walking, elliptical, classes, etc.)			(i.e. circuit, free weights, bands, etc.)			(i.e. stretching, Yoga, Pilates)	

Comments: _____

_____

Have you worked with a Personal Trainer before? Yes No

What are your expectations/goals for working with a Personal Trainer?

_____

_____

Do you have a specific Rio Vista Personal Trainer you would like to work with?

Trainer name _____ OR

Gender preference: Male Female No Preference

Do you have a time of day that you would prefer to train? _____

I certify that all of the information I have provided on this form is true and accurate. I will notify the Rio Vista Recreation Center of any changes in my health status.

I understand that I must give 24 hours notice to cancel a scheduled personal training session or I will be charged for the time and lose that session.

Pass Holder signature _____ Date _____

Personal Trainer _____ Date _____