PERSONAL TRAINING CLIENT FORM

Name: _____Birthdate/Age: _____

Email: _____ Phone: _____

Emergency contact name and number: _____

Preferred method of communication (circle one): email phone text

Days/times available for training: _____

_____

Number of sessions interested in (circle): 1 3 5 10 continual unsure

Please list your goal(s) for personal training: _____

_____

_____

Please list any injuries/diseases/conditions you have, past and present: _____

_____

_____

Describe your current exercise routine: _____

_____

_____

**** 24 Hour Cancellation Policy ****

You must give your Trainer 24 hour notice if you need to reschedule a session otherwise you forfeit that session. Please sign below as proof that you understand this policy.

**********TRAINER NOTES BELOW**********