



Personal Training Request Form

Today's Date: _____ Name: _____ DOB: _____

Email: _____ Cell #: _____ Home #: _____

Preferred Workout Days/Times:

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____

Preferred Trainer: Male/Female/No Preference or Trainer's Name: _____

Must be completed by Client:	Yes	No
Are you over 65 and/or not accustomed to vigorous exercise?		
Do you frequently have pains in your heart and chest?		
Do you often feel faint or have spells of severe dizziness?		
Has a doctor ever said that you have high blood pressure?		
Has a doctor ever told you that you have a bone or joint problem that is aggravated by exercise?		
Is there any physical reason not mentioned here why you should not follow an exercise program even if you wanted to?		

Please explain any medical conditions or rehabilitation issues you may have: _____

What are your specific training goals? (Weight loss, cardiovascular fitness, strength building, etc) _____

How many sessions would you like? _____
How many days a week would you like to train with your trainer? _____

30min Session Rates

- 1-session \$35/\$55
- 8-sessions \$248/\$350
- 12-sessions \$324/\$450
- 24-sessions \$620/\$894

Group Session Rates (2 clients)

- 1-session \$60/\$85
- 8-sessions \$400/\$500
- 12-sessions \$540/\$666
- 24-sessions \$1032/\$1057

1. After receipt of the Personal Training Request Form, the Senior Trainer will review and assign the appropriate Trainer that fits your needs based on this form. This process may take up to three days before the Trainer contacts you.
2. Walk-in requests for same day appointments are not allowed.
3. You must cancel appointment at least 24 hours in advance or you will be charged one session.
4. Purchased sessions and promotional sales expire six months from date of purchase.
5. All purchases are transferable but are NOT refundable.

For more information on personal training contact Rebecca Conrad at 301.663.5131 x1266 or rconrad@frederickymca.org