

Personal Training Request Form

Today's Date: Name:			DOB:				
Email:			Cell #:	YM	CA Location:		
Preferred \	Workout Day	/s/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	Group Session Rates (2 clients)
1 session \$39/\$59	1 session \$70/\$105
8 sessions \$280/\$420	8 sessions \$480/\$720
12 sessions \$372/\$558	12 sessions \$648/\$972
24-sessions \$648/\$972	24 sessions \$1,152/\$1,728

- 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, pleas call 301.663.2509 or sjones@frederickymca.org