



## PERSONAL TRAINING REQUEST FORM

(Please complete and turn in to the front desk. The trainer will contact the client.)

Name:		Date:
Address:		
	Other Phone:	
Emergency Contact:	Phone:	
Trainer Preference, if any: Male For	emale	Specific Trainer
Specific Day/Time available to train:		
Would you consider yourself a: Beginner	Intermediate_	Advanced
Physical Restrictions or Medical Complications:		
Goals and objectives:		
Interests:		
Exercise history (past 6 months):		
<ul> <li>be charged for the full cost of the session.</li> <li>If the Personal Trainer cancels a session les in addition to the rescheduled session.</li> <li>Regardless of arrival time, sessions will end</li> <li>All packages are non-refundable and non-tr</li> <li>All personal training packages will expire 12</li> </ul>	co draft (12 or 24 pa ceipt and give it to t er 24 hours in advan es than 24 hours in a at the scheduled tir cansferable. 2 months from the fi	heir trainer before each package begins.  ce to reschedule a session or the member will  dvance, the member will receive a free session,  ne.
C.W. Avery Family YMCA and personal training s		
Acknowledged and agreed:		Date:



(Client Signature)