



Personal Training Request Form

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

Email: _____ Cell #: _____ Home#: _____

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

Questionnaire:	Yes	No
Are you a male over the age of 45 or a female over the age of 55?		
Do you currently participate in regular exercise?		
Have you smoked within the past six months?		
Have you ever been diagnosed or treated for any form of Cardiac Disease (i.e. heart attack, high blood pressure, chest pain)?		
Within the past six months have you ever experienced difficulty breathing, shortness of breath, dizziness, fainting, or blackout?		
Have you been diagnosed with any physical debilitations (i.e. arthritis, muscle strain, osteoporosis, etc.) that would limit your ability to exercise?		

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

Do you have any 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? _____

Please circle which days work best for you: **Mon. Tues. Wed. Thurs. Fri. Sat. Sun.**

Which time of day suits you best? _____

Individual Training:

<u>1 hour</u>	<u>Mem.</u>	<u>Non.</u>
1 session	\$30	\$60
3 sessions	\$90	\$180
5 sessions	\$125	\$275
<u>45 minutes</u>		
1 session	\$25	\$50
3 sessions	\$75	\$150
5 sessions	\$110	\$235
<u>30minutes</u>		
1 session	\$20	\$40
3 sessions	\$60	\$120
5 sessions	\$90	\$190

Group Training (5 max):

<u>1 hour</u>	
1 session	\$100
3 sessions	\$300
5 sessions	\$475

***Receive discount with the purchase of 5 sessions**

*For more information on personal training:

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