

# PERSONAL TRAINING REQUEST

Name: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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