



PERSONAL TRAINING REQUEST FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Last Name: _____ First Name: _____ DOB: _____

Returning Client / **Current Trainer Name:** _____

New Client

New Clients ONLY:

Email: _____ Home Phone: _____ Cell Phone: _____

I was referred to trainer _____ by a friend or the trainer her/himself.

If not referred to a trainer:

Trainer Request: Male Female I would like help choosing a trainer

Preferred days & times for training: _____

60-min Personal Training **30-min Personal Training**

Weight Training

Cardio Training

Triathlon Training

TRX Suspension Training

Low Impact Training

Other: _____

Reservation Policies: All packages must be **paid in advance** at Member Services; 24 hour notice must be given in cancelling a session in order not to be charged. Refunds will be given only in the event of injury, pregnancy or other medical issue. **All packages will expire within 6 months of purchase.**

Staff Requirement: Only certified personal trainers are permitted to provide Personal Training within Y programs and facilities.

Recommendations for Comfort and Safety: Please wear comfortable workout clothing and appropriate cross training/tennis shoes. Bring a water bottle.

I have read and understand the information above and agree to follow the policies.

Name: _____ Date: _____

FOR STAFF USE ONLY

Amount Paid: \$ _____ Date Paid: _____ For _____ sessions ID# _____ Staff Initials _____