



Personal Training Application

Name: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Gender (please circle) M F

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Alt. Phone: (____) _____

E-mail: _____

What is the best way to contact you? _____

What is the best time to contact you? _____

Are you currently a member of Morey Courts Recreation Center? Y N

If so, how long? _____

Medical Information

Physician: _____

Are you currently under the care of a physician a health issue? Y N

If yes, please explain: _____

Date of last physical exam: _____

Emergency Contact (required): _____

Phone number: (____) _____ Relationship to You: _____

Training Preferences

Trainer Preference (circle one) : Male Female No Preference

Name (if known):

Date you can begin training:

Please specify what days and times are best for your training:

Why did you decide to invest in personal training?

What are you looking for in your Personal Trainer or what would you like your Personal Trainer to provide?

Please list your specific goals you would like your Personal Trainer to help you achieve:

How often do you intend on scheduling your training sessions (days/week or month)?

Please briefly state your previous fitness experience.

Risk Factor Assessment

History

Have you personally had any of the following?

- Heart Attack
- Heart Surgery – please specify: _____
- Heart Disease
- Any major illness that may affect your ability to exercise
- You are currently taking heart medication

Symptoms

Have you ever experienced any of the following?

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, seizures or blackouts

Other Health Issues

Please mark any of the following conditions that apply:

- Diabetes
- Asthma or lung disease
- Burning or cramping sensation in your legs when walking short distances
- Joint, muscle, or bone conditions that affect your ability to exercise
- Taking prescription medications – please list: _____
- Currently Pregnant
- Prior surgery – Please specify: _____

Cardiovascular Risk Factors

Please mark any of the following that may apply:

- Male over 45
- Female older than 55, have had a hysterectomy, or are postmenopausal
- Blood pressure greater than 140/90 mmHg OR you are currently taking blood pressure medication
- Blood cholesterol level is greater than 200 mg/dl, OR you are currently taking cholesterol medications
- Father or brother had heart surgery or a heart attack before age 55
- Mother or sister had heart surgery or heart attack before age 65
- You smoke
- You are more than 20 lb over weight

Do you have any other medical conditions that may affect your participation in an exercise program? If yes, please briefly explain below.

Personal Training Policies

Rates and Payment

I understand that the rates for personal training have been predetermined. Discounts will be allowed when buying multiple training sessions. No other discounts will be given for personal training sessions. The package will be placed on a single invoice. Half payment for the package purchased must be made prior to the start of the first session. After half of the sessions have been used, full payment is due. **Payments for all training sessions must be made prior to the session.** Personal training sessions are neither refundable nor transferrable and all sessions will expire one year from the date of purchase.

Initial Consultation

A free consultation for prospective personal training clients is offered. During the free consultation, potential clients will meet with a personal trainer to discuss the personal training program set-up, client goals, recommended actions, benefits of personal training, personal training policies, and client and trainer expectations. All application materials must be filled out prior to scheduling the initial consultation. Once applications are received, a personal trainer will contact you within 2 business days to schedule to consult. Initial consultations will last approximately 30 minutes.

Appointment Expectations

I understand that personal training sessions are scheduled with my personal trainer at a time that is convenient for both of us. I agree to be fully prepared to start my session at the scheduled time. All dressing and payment should be done before the schedule start time in order to receive the maximum amount of session time. What occurs during each session (what exercise, what order, etc.) is determined by my personal trainer with my goals and interests in mind. If something is not up to my expectations, or I have concerns about my training session, it is my responsibility to address those concerns with my trainer in a timely fashion so that my program may be adapted accordingly.

Cancellation Policy

All cancellations require 12 hours advanced notice by either party. In the event that 12 hours notice is not given by the client, the client will be charged the full amount of the scheduled session. If it is necessary for the Personal Trainer to cancel a session with less than 12 hours notice, the client will receive one free session.

Late Policy

Training sessions begin at their scheduled time. Trainers will wait for 20 minutes past the scheduled start time of each session. After 20 minutes, the session will be considered cancelled without notice and the client will be charged full price. Clients arriving late will receive the remainder of their scheduled session at full cost of the originally scheduled session. Session times will not be extended to accommodate late clients. If a Personal Trainer arrives late, the client may elect to reschedule a free session or receive the entire schedule session at full cost.

Medical Hold for Pre-Purchased Sessions

If I become medically unable to participate in Personal Training sessions that have been pre-purchased, it is my responsibility to provide proof in the form of a physicians note to Morey Courts Recreation Center in order to place those sessions in hold. I will also be responsible for providing physician’s clearance prior to my return. Any sessions placed on hold will have their expiration dates extended for the duration of the medical condition as indicated by the physician’s notes.

Informed Consent – Sign with Trainer!

I have answered the above questions to the best of my knowledge. I understand that exercise, with or without a personal trainer, can cause unpredictable body responses, including, in rare instances, cardiovascular events such as heart attack. For this reason, I understand that it may be necessary for my physician to provide medical clearance prior to beginning my exercise testing and programming. I also agree to keep my personal trainer, as well as Morey Courts Fitness, informed about any changes in my health and physical condition.

The policies of personal training at Morey Courts Fitness have been fully explained to me. I have had the opportunity to ask, and have received adequate answers to, any questions I had at this time. I agree to fully comply with all policies and procedures as outlined above.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Office Use Only

Date Application Received:

Medical Clearance: Y N

Client Assigned to:

Client Contacted:

Initial Appointment Scheduled:

Fitness Eval Completed: