

PERSONAL TRAINING REGISTRATION FORM

Name: _____

Home Phone #: _____

Work Phone #: _____

Email: _____

WHAT TIME OF DAY DO YOU PREFER TO WORK WITH YOUR TRAINER?

- Early Morning (before 8 AM)
 Lunch Hour (11 AM - 2 PM)
 Evening (4 PM - 7 PM)
 Mid Morning (until 12 PM)
 Early Afternoon (2 PM - 4 PM)
 Late Evening (after 7 PM)

I WOULD LIKE TO REQUEST:

- A female advanced trainer
 A male advanced trainer
 _____ (Trainer's Name)
 A female student trainer
 A male student trainer
 No preference

HOW MANY SESSIONS WOULD YOU LIKE TO MEET WITH YOUR TRAINER?

STUDENT TRAINER

- 1 session (\$35)
 3 sessions (\$95)
 6 sessions (\$170)
 12 sessions (\$305)

ADVANCED TRAINER

- 1 session (\$45)
 3 sessions (\$120)
 6 sessions (\$215)
 12 sessions (\$385)

What are your specific fitness goals? _____

Do you have any medical conditions? Rehab needs? _____

Are you currently under a doctor's care? Has your physician cleared you for exercise? _____

TO BE FILLED OUT BY SUWC STAFF:	# of Sessions: _____	Amount: _____
(Desk Attendant)	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Credit Card (Type: _____)	Date Paid: ___/___/___ Initial: _____
(Wellness Coordinator)	Assigned Trainer: _____	Date Given to Trainer: ___/___/___
(Trainer)	Date Contacted: ___/___/___	Date of First Session: ___/___/___