



Adult Wellness Center Personal Training Interest Form

Today's Date: _____

Client Background Information

Name: _____

Phone Number: _____

Email Address: _____

Client Availability

When are you available for personal training sessions?

Times (circle all that apply): Morning Afternoon Evening

Days (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday

How many sessions per week are you interested in? _____

A PERSONAL TRAINER is a fitness professional who helps individuals obtain their fitness goals by creating individualized exercise programs based on physical goals. Trainers also provide motivation, time efficient workouts, workout accountability and help clients break through physical plateaus.

What is/are your primary fitness goal(s)?

- Overall wellness
- Increase daily energy level
- Reduce stress & improve sleep quality
- Increase strength/tone
- Increase cardiovascular endurance
- Improve flexibility & mobility
- Other: _____

Why is this fitness goal important to you?



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For Office Use Only

Date Initially Contacted:

Days preferred for training:

Times preferred for training:

Current Fitness Level:

Any relevant medical information:

Date Emailed or Distributed Registration Packet:

Trainer Assigned:

Date Trainer Contacted:

Number of Sessions Purchased & Date of Purchase:

Other Information:

Please submit this form to the Adult Wellness Center Front Desk. The Fitness & Media Coordinator will then review your information and contact you.

Please email Jade with any questions: jgoodyear@rogersar.gov