

# REQUEST FOR PERSONAL TRAINING

# Sessions Purchased: \_\_\_\_\_

Package Exp. Date: \_\_\_\_\_

<b>Training/Program Type</b>	<b>Package Type</b>	<b>Membership Status</b>
<input type="checkbox"/> Fitness (Land-based)	<input type="checkbox"/> Individual	<input type="checkbox"/> Member
<input type="checkbox"/> Aquatic (Pool-based)	<input type="checkbox"/> Buddy Pack (*complete back)	<input type="checkbox"/> Non-Member
<input type="checkbox"/> Swim Stroke Instruction	<b>Fitness Assessment Info</b>	
	<input type="checkbox"/> I had my assessment/reassessment on: ____ / ____ / ____	
	<input type="checkbox"/> My assessment/reassessment is scheduled for: ____ / ____ / ____	
<input type="checkbox"/> Free PT Session which was offered via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Staff Member: _____		
<i>Name of Staff Member</i>		

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Home Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Training Availability:**      Morning                      Afternoon                      Evening  
(Circle all that apply)

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Specific Times: \_\_\_\_\_

Requested Trainer: (optional) \_\_\_\_\_

Referred by (optional): \_\_\_\_\_

Goals (please also complete the attached goals sheet): \_\_\_\_\_

Physical Limitations/Injuries: \_\_\_\_\_

Upon purchase of a training package, I understand and agree to abide by the following conditions:

- Notification of cancellation/reschedule must be made at least 24 hours prior to appointment or we reserve the right to charge for the session. Cancellations made less than 24 hours due to extenuating circumstances will be reviewed on a case by case basis and may be approved by Management without the loss of the session.
- Check in at the member services desk is required for each scheduled training session.
- Regardless of arrival time, sessions will end at the scheduled time.
- **Severe Weather Policy** – If the Center is closed due to inclement weather, all scheduled personal training sessions will need to be rescheduled.
- **All packages must be paid in full prior to training and are non-refundable/non-transferrable.**
- **All sessions are subject to expiration. The expiration period (of 1-6 months depending on the package size) begins THE DAY OF PURCHASE. Sessions not used before that date will be forfeited.** Please inquire for details.

\_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# “BUDDY PACK” REQUEST

Name of 2<sup>nd</sup> person: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I had my fitness assessment/reassessment on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My assessment/reassessment is scheduled for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Goals & Objectives: \_\_\_\_\_

Physical Limitations/Injuries: \_\_\_\_\_

- Buddy training must include at least one member of Valley Health Wellness & Fitness Center.
- A full session is charged whether one or both trainees are present.
- “Buddies” must use the same trainer and train together during all sessions.
- No substitutions – you cannot send someone else to train in your place.
- **It is highly recommended that “buddies” be compatible in physical ability/fitness level.**

I understand and agree to the above conditions in addition to those listed on the opposite side. The personal training package will be credited to my account, and I give permission to my training “buddy”, \_\_\_\_\_, to withdraw sessions from my account.

\_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
“Buddy” Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Intake Vitals

Weight: \_\_\_\_\_

Body Fat %: \_\_\_\_\_



Wellness & Fitness

**HEALTH & FITNESS GOALS**

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

Date: \_\_\_\_\_

**Please indicate your personal health & fitness-related goals** (check all that apply):

- Lose Weight
- Improve Heart Function
- Increase Muscle Mass
- Reduce Body Fat %
- Lower Cholesterol
- Increase Muscular Strength
- Improve Flexibility
- Reduce Back Pain
- Increase Muscular Endurance
- Improve Balance
- Reduce Stress
- Increase Aerobic Fitness
- Injury Rehab
- Improve Diet
- Maintain Current Fitness Level
- General Fitness
- Feel Better
- Other: \_\_\_\_\_

**Please tell us more about your exercise patterns & goals:**

1. How active are you?  Sedentary  Lightly active  Moderately active  Highly active
2. What kind of exercise have you been involved in during the past two months?
3. What are your activity preferences (i.e. equipment you may be interested in using)?
4. Have you ever worked with a Personal Trainer before?  Yes  No  
If yes, please explain \_\_\_\_\_
5. Have you ever performed resistance training exercises before?  Yes  No
6. Are you currently or have you recently followed any specific dietary intake plan?  Yes  No
7. How would you describe your nutritional habits?  Good  Fair  Poor
8. How would you characterize your stress level?  High  Moderate  Low

\*\*\*\*\*

When you meet with your trainer for the first time, he/she may help you record two concrete goals that you are striving to reach on the back of this sheet. These should be challenging but also **S.M.A.R.T. = Specific, Measurable, Action-Oriented, Realistic, Time-Bound**. You will also write commitments you are willing to make in order to achieve these goals. Your trainer can give you a copy of these goals & commitments to help you maintain your focus and hit your target.



Wellness & Fitness

401 Campus Blvd.  
Winchester, VA 22601  
**(540) 536-3000**  
vhwelldit.com

## PERSONAL FITNESS GOALS

Name: \_\_\_\_\_ My Trainer: \_\_\_\_\_

### Goal #1:

I will \_\_\_\_\_  
\_\_\_\_\_

### Goal #2:

I will \_\_\_\_\_  
\_\_\_\_\_

In order to achieve these goals, I commit to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_