



PERSONAL TRAINING REQUEST FORM

Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out the following information and drop off at the Front Desk.

PLEASE CIRCLE ONE

3 SESSIONS \$60/\$70/\$75

10 SESSIONS \$175/\$185/\$190

15 SESSIONS \$225/\$235/\$240

Name: _____

Age: _____ Phone: _____ Email: _____

BCMC Member Resident Non-Resident

HEALTH & FITNESS GOALS: Please check all that apply.

General Health

- Weight management
- Lower cholesterol
- Improve body composition
- Reduce stress
- Reduce my risk of disease

Fitness

- Increase aerobic capacity
 - Increase muscular strength
 - Improve flexibility
 - Sport-specific training
- Specify Sport:** _____

Functional

- Improve balance
- Improve posture
- Reduce back pain
- Strengthen core (abs/back)
- Other

Please list any injuries or joint limitations (Include neck, shoulders, hips, knees, low back, etc.):

Past exercise experience:

| | | | | | | | |
|--|----------------|--------------|---------------|----------|--------|----------|--------|
| 1. Number of personal training sessions per week: | 1 | 2 | 3 | 4 | 5 | | |
| 2. Weekly training days: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 3. Time(s) of the day you are available for training: | _____ | | | | | | |
| 4. Please indicate preference: | Female Trainer | Male Trainer | No Preference | | | | |
| 5. Preferred start date: | _____ | | | | | | |

PAYMENT PROCEDURE AND AGREEMENT GUIDELINES

- Packages must be paid in full prior to training.
- Members must notify the trainer 24 hours in advance to reschedule a session or will be charged the full cost of the session.
- If the Personal Trainer cancels a session less than 24 hours in advance, the member will receive a free session in addition to the re-scheduled session.
- All session packages are non-refundable.
- Trainers may not be available immediately. You will be scheduled as time and space permits.

I hereby understand that I and/or my family members and/or my teammates acknowledge the risk inherent in the above mentioned activity and agree that no liability will be claimed or enforced against any person or group therewith connected. I further understand that no hospitalization, health, or accident insurance coverage is provided in connection with said registration. I also acknowledge and hereby agree to abide by the Princeton Park District/Bureau County Metro Center's refund policy.

Acknowledged and agreed: _____ **Date:** _____

(CLIENT SIGNATURE)