



TRAINING HEALTH HISTORY FORM

Name (please print) _____ Gender _____ Date of Birth _____

Phone _____ Email _____

Which service are you interested in?

- Personal Fitness Training
 Pilates Reformer Training
 Mat Pilates Training
 Yoga Personal Training
 Aquatic Personal Training
 Sports Performance Training

What goals would you like to accomplish (check all that apply)?

- Increase flexibility
 Increase core strength
 Improve balance & coordination
 Tone muscles
 Feel better
 Increase strength
 Increase muscle size
 Lose weight _____ lbs
 Improve cardiovascular endurance
 Increase vertical jump
 Increase broad jump
 Increase top speed
 Increase acceleration
 Improve change of direction time
 Other _____

How many days per week would you like to put toward achieving these goals? 1 2 3 4 5 6

When do you prefer to work out? 5:30 - 8am 8 - 11am 11am - 2pm 2 - 6pm 6 - 9pm Other _____

Would you prefer a male or female trainer? M F

How would you like to be billed for your Personal Training (leave blank if not purchasing Personal Training)?

- Pay by check or cash first day of each package
 Charge credit card on file

Do you have a history of any of the following (yes to one of any of the below indicates a high risk condition and/or a major sign or symptom of a known cardiovascular, pulmonary, orthopedic problem, or chronic disease, therefore we recommend consulting your physician before beginning a training program):

Heart problems (please specify): N Y _____

Respiratory problems (please specify): N Y _____

Other chronic disease (please specify): N Y _____

Major surgery/hospitalization: N Y _____

Orthopedic problems (joint/bone): N Y (please specify & date) _____

Do you have any other medical situations or physical limitations that should be considered prior to your participation in an exercise program? N Y (if yes, please explain) _____

INFORMED CONSENT

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed of the nature of the program and the potential for unusual, but possible physiological results including, but not limited to abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility, or any persons involved with this program and testing procedures. In addition, I have received and agree to the informed consent for personal training.

Signature _____

In case of emergency contact _____ Phone _____

