



Personal Training Request Form

(Please complete and turn in to the Front Desk. You will be contacted by your trainer)

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Home Phone: _____ (W) Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Trainer Preference: Male Female No Preference Specific Trainer
(List Name Below)

Specific Trainer (Name): _____

(For specific trainers, please see the front desk for a list and description of each trainer)

Specific Day(s) to train? Mon Tue Wed Thur Fri Sat Sun

Preferred Times to Train: _____

I consider myself a: Beginner Intermediate Advanced

Goals and Objectives:
▶ _____

Exercise History: _____
(Past 6 Months)

HEALTH HISTORY

If you answer yes to any of the following questions you should seek medical authorization prior to exercising

Do you have or have you ever had any of the following?

- | Yes | No | |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal EKG |

Do You Take any MEDICATIONS?

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | For The Heart |
| <input type="checkbox"/> | <input type="checkbox"/> | For High Blood Pressure (145/95) |
| <input type="checkbox"/> | <input type="checkbox"/> | High Cholesterol (over 240) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |

Physical Restrictions or Medical Complications: _____

If answer Yes to any of the above, please ask the front desk for a Medical Release Form. Instructions are on the Medical Release form.

Medical Release Given to Patron Staff Initials:

Personal Training Payment Procedure and Agreement Guidelines

- ◆ All sessions and/or packages must be paid in full prior to training.
- ◆ Any personal training client must notify the trainer at least 24 hours in advance to reschedule a session or will be charged the full cost of the session.
- ◆ All session packages are non-refundable and non-transferable.
- ◆ Regardless of the arrival time, sessions will end at the scheduled time.
- ◆ Trainers may not be available immediately. One week lead-time may be needed to secure a trainer.

I, _____ have read the above and understand and accept these policies as they relate to Park View Health & Fitness personal training sessions concerning procedures and payment.

Acknowledged and agreed: _____ Date _____
(Client Signature)

*Personal Training Rates

# of Sessions	One On One	Semi Private (2)
1	Member \$47 / Non Member \$55	Members \$64 / Non Member \$69
3	Member \$140 / Non Member \$162	Members \$181 / Non Member \$197
5	Member \$217 / Non Member \$254	Members \$291 / Non Member \$318
10	\$424 Park View Members Only	
15	\$615 Park View Members Only	
20	\$800 Park View Members Only	

*Rates are subject to change

Park View Health & Fitness Business Hours

Monday – Thursday	5:30am – 9:30pm
Friday	5:30am – 8:00pm
Saturday	7:00am – 5:00pm
Sunday	8:00am – 4:00pm