

COMMENTS: _____

CANCELLATION POLICY

Trainers need a minimum of 24 hours notice if you are unable to make your appointment. If you fail to do so, you will be charged the full amount for the session.

I certify that to the best of my knowledge, the enclosed statements are true. I have read and understand the above cancellation policy.

SIGNATURE DATE

get
Started!

1. Pick a Trainer. Trainer qualifications and background information are located at the front desk. This information may help you choose a Personal Trainer that you would feel comfortable with. You can leave blank and a trainer who best matches your goals will contact you.
2. Pick up a Personal Trainer Request Form located at the front desk, Cardio area or Weight room. Return completed and signed form to the front desk or Fitness and Wellness Coordinator. This form also includes medical history information. Certain health conditions may require your Physician's approval prior to your first session.
3. Your certified trainer will call or email you to set up an appointment within 72 hours.
4. Purchase personal training sessions at the front desk.

Personal Training Rates

- 1 hour single session.....\$42D/\$52ND
- 1 hour partner session.....\$62D/\$72ND
- (6) 1 hour single sessions.....\$220D/\$275ND
- (6) 1 hour partner sessions.....\$325D/\$390ND

PAYMENT DUE PRIOR TO TRAINING SESSIONS

get
FIT!

**PERSONAL TRAINER
REQUEST FORM**

“If it doesn't challenge you, it won't change you.”



FITNESS COORDINATOR 303.833.3660 x 114

Name of Participant:

Date: _____

Emergency Contact:

Relationship to Participant:

Age: _____ M _____ F _____

E-mail Address:

Contact Phone:

Preferred Session Times:

Day: _____ Time: _____

Day: _____ Time: _____

PREFERRED TRAINER

Chose a Trainer or leave blank. A personal trainer will contact you within 72 hours.

_____ Stephanie Anderson (Evenings/Weekends)

_____ Tana Greene (T/Th mornings/Afternoons)

_____ Nichole Shackleton (Early/Mid mornings)

_____ Amanda Webb (Weekdays – Evenings and some Saturdays)

PARTICIPANT'S HEALTH HISTORY

Name of Physician:

Physician's Phone:

Are you taking any medications or drugs?

Yes _____ No _____

If yes, what are you taking?

Does your Physician know you are taking part in this exercise program?

Yes _____ No _____

Describe your current exercise program:

What are your goals?

Do you now have, or have you had in the past? (Please explain "yes" answers in comments)

- 1. *History of heart problems, heart attack, chest pain or stroke? YES _____ NO _____
- 2. *Increased blood pressure? YES _____ NO _____
- 3. *Diabetes or a thyroid condition? YES _____ NO _____
- 4. *History of heart problems in immediate family? YES _____ NO _____
- 5. Any chronic illness or condition? YES _____ NO _____
- 6. Difficulty with exercise? YES _____ NO _____
- 7. Advice from physician not to exercise? YES _____ NO _____
- 8. Surgery within the last 12 months? YES _____ NO _____
- 9. Pregnancy? Now or within the last 3 months? YES _____ NO _____
- 10. History of breathing or lung problems? YES _____ NO _____
- 11. Muscle, joint, or back disorder, or any previous injury still affecting you? YES _____ NO _____
- 12. Cigarette smoking habit? YES _____ NO _____
- 13. Obesity? More than 20% over ideal body weight? YES _____ NO _____
- 14. Increased blood cholesterol? YES _____ NO _____
- 15. Hernia or any condition that may be aggravated by lifting weights? YES _____ NO _____
- 16. Have you had any pain or discomfort with exercising in the past? YES _____ NO _____

*If an asterisk question (questions 1-4) is marked yes, a physician's release form must be completed and signed before personal training sessions can begin. Please have your physician email the form to Suzi Shankweiler at sshankweiler@cvprd.com.

**PLEASE NOTE: PAYMENT DUE PRIOR TO TRAINING SESSIONS
CONSULTATIONS ARE INCLUDED IN FIRST PAID SESSION**