

COMMENTS: \_\_\_\_\_

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**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 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.
2. Your certified trainer will call or email you to set up an appointment within 3 business days from the time of receiving request.
3. Purchase personal training sessions at the front desk.

**PAYMENT DUE PRIOR TO TRAINING SESSIONS**

**Personal Training Rates:**

30 minute single session.....	\$30D/\$45ND
1 hour single session.....	\$48D/\$72ND
1 hour partner session.....	\$72D/\$108ND
(6) 30 min single sessions.....	\$162D/\$243ND
(6) 1 hour single sessions.....	\$258D/\$387ND
(6) 1 hour partner session.....	\$384D/\$576ND

*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: \_\_\_\_\_

Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Emergency Contact name and phone:

\_\_\_\_\_

Relationship to Participant:

\_\_\_\_\_

Preferred Session Times:

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**PREFERRED TRAINER**

Chose a Trainer or leave blank. A personal trainer will contact you within 3 business days after receipt of request.

\_\_\_\_\_ Stephanie Anderson (weekends)

\_\_\_\_\_ Alex (Tito) Lapinski (days – times vary)

\_\_\_\_\_ Sheri Palizzi (weekdays)

\_\_\_\_\_ Kacy Simper (early mornings and evenings)

\_\_\_\_\_ Amanda Webb (currently unavailable)

**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. \*Any conditions your physician should be aware of prior to exercise? 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](mailto:sshankweiler@cvprd.com).

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