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 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 72 hours.

3. Purchase personal training sessions at the front desk.

Personal Training Rates:

30 minute single session…….....$28D/$42ND

1 hour single session……..…$46D/$69ND

1 hour partner session…….$68D/$102ND

(6) 30 min single sessions.....$154D/$231ND

(6) 1 hour single sessions.....$248D/$372ND

(6) 1 hour partner session……$358D/$537ND

SESSIONS EXPIRE ONE YEAR FROM DATE OF PURCHASE

PAYMENT DUE PRIOR TO TRAINING SESSIONS

get FIT!

PERSONAL TRAINER REQUEST FORM

"If it doesn't challenge you, it won't change you."

CARBON VALLEY PARKS & RECREATION DISTRICT

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 72 hours.

_____Stephanie Anderson (weekends)

_____Louis Barrett (limited availability, Friday eve)

_____ 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. *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