

COMMENTS: _____

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.”

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 _____



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)

_____ 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**