



Personal Training Intake Form

Name: _____

Phone Number: _____

Email: _____

Preferred Method of Contact: _____

Age: _____

Date Submitted: _____

What are your fitness goals? Please be as specific as possible.

What type of exercise do you do currently and how often?

Do you have any medical concerns or previous injuries that affect your ability to exercise?

How many days per week are you interested in working with a trainer? _____

What is your exercise availability? (Specific days of the week, evenings, daytime, weekends?)

Is there a specific trainer you would like to work with? Please specify: _____

Do you have a preference of a male or female trainer? _____

Completed forms can be dropped off at the LRC or emailed to JZimmerman@leduc.ca