

# TRC PERSONAL TRAINING

## PARTICIPANT BACKGROUND INFORMATION FORM

\*Please allow 5-7 business days for contact.\*

### **GENERAL INFORMATION**

Mr.	Mrs.	🗌 Ms.	Dr.		Today's Date:				
Name:		(First)		(Middle Initial)	(Last)				
Address:									
City:				State:	Zip:				
Phone (H	ome/Cell):			Work Pho	ne:				
Date of B	irth:	_/	_/	Age:	Sex: 🗌 Male 🗌 Female				
Email ado	dress:								
Do you h	ave a pers	onal physi	cian?	′es 🗌 No					
lf yes, Na	me:				Phone:				
					gram? Yes No				
Emerger	ncy Contac	t:			Relationship:				
Phone (H	ome/Cell):			Work Pho	_Work Phone:				
HEALTH	HISTORY								
(i.e. High □ Ye	blood pres s 🗌 No	sure or cho	lesterol, dia	abetes, heart attack,	Personal Trainer should be aware of? etc.)				
•	t <b>aking any</b> s 🗌 No	medicatior	15?						
		:							
replacem	ient surgeri s 🗌 No	es; back, sł	noulder, kne	ee, etc.)	er should be aware of? (i.e. Injuries, joint				

# **EXERCISE HISTORY AND GOALS**

#### Are you presently exercising?

☐Yes ☐No

AEROBICA CTIVITY  STRENGTH TRAINING  ILEXIBILITY    TIME  FREQUENCY    < 20 mins  1-2 times/wk    30-60 mins  5 times/wk    30-60 mins  5 times/wk    (i.e. walking, elliptical, dasses, etc.)  (i.e. drcuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:		ecify activity and o	·				
< 20 mins  1-2 times/wk    20.30 mins  3-4 times/wk    30-60 mins  5 times/wk    > 60 mins  5 times/wk    0.10 mins  5 times/wk    30-60 mins					FLEXIBILITY		
20-30 mins  3-4 times/wk    30-60 mins  > 5 times/wk    30-60 mins  > 5 times/wk    30-60 mins  > 5 times/wk    (i.e. walking, elliptical, classes, etc.)  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Yes  No  (i.e. stretching, Yoga, Pilates, etc.)    at are your expectations/goals for working with a Personal Trainer?  (i.e. stretching, Yoga, Pilates, etc.)    you have a specific TRC Personal Trainer before?  OR    Gender preference:  Male  Female  No Preference    Do you have a time of day that you would prefer to train?  OR    I certify that all of the information I have provided on this form is true and accurate.  I lettify the TRC Recreation Center of any changes in my health status. I accept complete responsibility for my health status. I accept complete responsibility for my health status. I accept complete responsibility for my health status. I accept complete responsibility is assume City of Chandler including the owners, agents, employees and personal trainers.    Intertify that I must give 24 hours notice to cancel a scheduled personal training session or I will be charged for time and l				-			
30-60 mins  > 5 times/wk    > 60 mins  > 5 times/wk    > 60 mins  > 5 times/wk    > 60 mins  > 60 mins    (i.e. walking, elliptical, classes, etc.)  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:							
≥ 60 mins  ≥ 60 mins  ≥ 60 mins    (i.e. walking, elliptical, classes, etc.)  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:							
(i.e. walking, elliptical, classes, etc.)  (i.e. circuit, free weights, bands, etc.)  (i.e. stretching, Yoga, Pilates, etc.)    Comments:		> 5 times/wk		> 5 times/wk			> 5 times/wk
Comments:				> 60 mins			
we you worked with a Personal Trainer before?    \rightarrow 'Yes    at are your expectations/goals for working with a Personal Trainer?    you have a specific TRC Personal Trainer you would like to work with?    \rightarrow Yes  No    Trainer Name:  OR    Gender preference:  Male  Female  No Preference    Do you have a time of day that you would prefer to train?	(i.e. walking, ellip	otical, classes, etc.)	(i.e. circuit, free w	eights, bands, etc.)	(i.e. stretching, Yoga, Pilates, etc.)		
we you worked with a Personal Trainer before?    \rightarrow 'Yes    at are your expectations/goals for working with a Personal Trainer?    you have a specific TRC Personal Trainer you would like to work with?    \rightarrow Yes  No    Trainer Name:  OR    Gender preference:  Male  Female  No Preference    Do you have a time of day that you would prefer to train?	Comments:						
Yes No    aat are your expectations/goals for working with a Personal Trainer?							
vill notify the TRC Recreation Center of any changes in my health status. I accept complete responsibility for my head well-being in the voluntary fitness program and related testing, and understand that no responsibility is assumed City of Chandler including the owners, agents, employees and personal trainers.	Yes No Trainer Name: Gender prefere	e <b>nce:</b> 🗌 Male 🗌	]Female 🗌 No	Preference		_ OR	
Pass Holder Signature Date	will notify the TRC ad well-being in the	Recreation Center of voluntary fitness pr City of Chandler inclu	any changes in my ogram and related uding the owners, a	health status. I ac testing, and under agents, employees	cep rsta anc	t complete respoi nd that no respoi l personal trainer	nsibility for my hea nsibility is assumed s.
Guardian Signature (if Pass Holder above is under 18) Date			time and los				
	Guardian S	ignature (if Pass Holde	r above is under 18)			Date	

Personal Trainer Signature

Date



