



# EXERCISE HISTORY AND GOALS

Are you presently exercising?

Yes  No

If yes, please specify activity and duration of time per week (circle each):

AEROBIC ACTIVITY	
TIME	FREQUENCY
< 20 mins	1-2 times/wk
20-30 mins	3-4 times/wk
30-60 mins	> 5 times/wk
> 60 mins	

(i.e. walking, elliptical, classes, etc.)

STRENGTH TRAINING	
TIME	FREQUENCY
< 20 mins	1-2 times/wk
20-30 mins	3-4 times/wk
30-60 mins	> 5 times/wk
> 60 mins	

(i.e. circuit, free weights, bands, etc.)

FLEXIBILITY	
TIME	FREQUENCY
< 20 mins	1-2 times/wk
20-30 mins	3-4 times/wk
30-60 mins	> 5 times/wk
> 60 mins	

(i.e. stretching, Yoga, Pilates, etc.)

Comments: \_\_\_\_\_

Have you worked with a Personal Trainer before?

Yes  No

What are your expectations/goals for working with a Personal Trainer?

\_\_\_\_\_  
\_\_\_\_\_

Do you have a specific TRC Personal Trainer you would like to work with?

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 certify that all of the information I have provided on this form is true and accurate.

I will notify the TRC Recreation Center of any changes in my health status. I accept complete responsibility for my health and well-being in the voluntary fitness program and related testing, and understand that no responsibility is assumed by City of Chandler including the owners, agents, employees and personal trainers.

I understand that I must give 24 hours notice to cancel a scheduled personal training session or I will be charged for the time and lose that session.

\_\_\_\_\_  
Pass Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if Pass Holder above is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Trainer Signature

\_\_\_\_\_  
Date

