

Date _____ Name _____

Phone _____ Email Address _____

Status: Student Faculty Staff Alumni Family

Have you ever had an SIUE personal trainer before? Yes No

If yes, whom did you work with? _____

Do you prefer a male or female trainer? Male Female Either

Specific trainer requested? List name _____

Do you currently workout on a regular basis? Yes No

What are your fitness goals (please be as specific as possible)? _____

Are you interested in Individual or Group Training? Individual Group

Personal Training Sessions are 1 hour in length. Please choose which package you are interested in:

1 Session 3 Sessions 5 Sessions 10 Sessions

When are you available to train? (Please check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 6am - 8am	<input type="checkbox"/> 6am - 8am	<input type="checkbox"/> 6am - 8am	<input type="checkbox"/> 6am - 8am	<input type="checkbox"/> 6am - 8am	<input type="checkbox"/> 9am - 10am
<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 10am - 12pm
<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 12pm - 2pm
<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 2pm - 4pm
	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 4pm - 6pm
	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 6pm - 8pm
	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	
	<input type="checkbox"/> 8pm - 10pm	<input type="checkbox"/> 8pm - 10pm	<input type="checkbox"/> 8pm - 10pm	<input type="checkbox"/> 8pm - 10pm	<input type="checkbox"/> 8pm - 10pm	

Please submit this form, along with a Health History Questionnaire to the Wellness Center, in the Student Fitness Center, Room 1518. Thank you!

Wellness Center Use Only

Date of fitness test _____

Date client was placed _____ Name of trainer _____

Additional notes _____