



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARSHFIELD CLINIC HEALTH SYSTEM YMCA

PERSONAL TRAINING INQUIRY FORM

Thank you for your interest in our Personal Training program. Please complete the information below and a staff member will contact you to set up an appointment or answer any questions you may have.

NAME: _____

Today's Date ___/___/___

AGE: _____

PHONE: _____ - _____ - _____

EMAIL: _____

Are you currently a member of the Marshfield Clinic Health System YMCA? Yes No

If answer is No, unfortunately the Personal Training Program is for Y Members only

What type of training is of interest to you? Check all that apply

- General Fitness
- Cardio / Endurance Training
- Sports / Athletic Training
- Strength Training
- Flexibility Training
- Weight Loss
- Yoga / Pilates
- Teen Fitness
- Senior Adult Fitness

Do you currently exercise on a regular basis? Yes No

If yes, how many days a week? _____

How long (in minutes)? _____

Rate your fitness level 1 = beginner, 5 = intermediate, 10 = advanced

1 2 3 4 5 6 7 8 9 10

Do you have questions or concerns about your current diet? Yes No

What are your health and wellness goals?

Would you prefer a male or female trainer?

- Male
- Female
- No Preference

OVER

Approximately how many sessions would you like to work with a trainer?

- One
- Two
- Three or more
- Five or more
- Ten or more

How many days per week would you like to work with a trainer?

- One
- Two
- Three

What days and times work best for you to meet with a trainer?

	Early Morning	Morning	Afternoon	Evening	Not Available
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday (no evenings)					
Sunday (no evenings)					

What injuries or health concerns should your trainer be aware of? Please list any health concerns. If you have none, please enter N/A.

Is there other information you'd like your trainer to know, or do you have any questions you'd like your trainer to address?
