



VRC Personal Training Request Questionnaire

Vandalia Recreation Center. 1111 Stonequarry Road. Dayton Ohio. 45414. 397.415.2340

Personal Training Package:

- Single Session
 2 Sessions
 Six Sessions
 Other

Please fill out this form as completely as possible. Please print all responses.

Name: _____ Date of Birth: _____

Gender: Male Female Age: _____

Address: _____

Email Address: _____ Phone: _____

Trainer Preference: Male Female Trainer Request _____

Availability: Please provide the days and times you are available to work with a personal trainer.

Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
Sunday:				

Health and Fitness Goals: Please rank – 1 being the most important

____ Lose Body Fat

____ Strengthen/Tone

____ Stress Release

____ Energy Level Increase



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Success Plan:

What am I hoping to gain from an exercise routine?

What are specific goals that I have?

What behaviors will I change to reach my goals?

What will be some barriers to my success?

Exercise Prescription

How many days per week will I commit to exercising?

How long per session am I willing to workout?

What am I looking for in a workout?

What areas of the body would I like to target?



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Initial Health Survey

Are you a male over 45 or a female over 55 years old? Yes No

Has anyone in your immediate family (Male before 55 years of age, Female before 65 years of age) had any of the following:

Heart Attack: Yes No

Stroke: Yes No

Cardiovascular Disease: Yes No

Do you currently smoke: Yes No

Are you or your physician aware that you have high blood pressure: Yes No

Do you have diabetes: Yes No

Do you lead a sedentary lifestyle? Yes No

Please note: *Your trainer may request a medical release from your physician before they will be able to work with you. This is not only for your safety but for the safety of your trainer and the Vandalia Recreation Center.*

I, _____, accept responsibility for my appointment. If I do not cancel at least 24 hours prior to my appointment or I do not show up, I forfeit my payment and/or will be charged for this appointment.

If upon further investigation this assessor finds another factor that may put you the patron at risk we reserve the right to terminate the appointment and request medical clearance.

Signed

Date