

DATE REQUESTED: _____



Personal Training Inquiry

Personal Training is a great opportunity to stay on top of your fitness and health goals. Because Personal Training is focused on the individual, please answer the following questions to your best ability. You may return forms to the Wellness Center or email to WellnessServiceMacon@AtriumHealth.org

First Name		Last Name					
Phone Number		Birthdate					
Email address							
		30 minute or 1 hour					
How many times per week are you Interested in training? _____		Are you interested in 30 minute or 1 hour sessions? <i>(circle one above)</i>					
Mon.	Tue.	Wed.	Thu.	Fri.	Weekend		
Days of the Week you prefer <i>(please circle)</i>			Preferred Times for Training <i>-(Write above line)</i>				
Do you have any preferences regarding your trainer? <i>-(Write above line)</i>							
Do you have any injuries/conditions that your trainer needs to be made aware? <i>-(Write above line)</i>							
What are you fitness goals? <i>-(Write above line)</i>							