

PERSONAL TRAINING REQUEST FORM

Date _____ Name _____

Phone _____ Email Address _____

Status: Student UAB Employee Colleague Member Alumni Household Member Retiree

Have you ever had a UAB 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 6 Sessions 12 Sessions

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

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 9am – 11am | <input type="checkbox"/> 5am - 8am | <input type="checkbox"/> 5am - 8am | <input type="checkbox"/> 5am - 8am | <input type="checkbox"/> 5am - 8am | <input type="checkbox"/> 5am - 8am | <input type="checkbox"/> 7am - 10am |
| <input type="checkbox"/> 11am - 1pm | <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"/> 1pm - 3 pm | <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"/> 3pm - 5pm | <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"/> 5pm - 7pm | <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"/> 7pm - 9pm | <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 - 9pm |
| | <input type="checkbox"/> 6pm - 8pm | <input type="checkbox"/> 6pm - 8pm | <input type="checkbox"/> 6pm - 8pm | <input type="checkbox"/> 6pm - 8pm | <input type="checkbox"/> 6pm - 9pm | |
| | <input type="checkbox"/> 8pm - 11pm | <input type="checkbox"/> 8pm - 11pm | <input type="checkbox"/> 8pm - 11pm | <input type="checkbox"/> 8pm - 11pm | | |

Please submit this form, along with aHealth History Questionnaire to the Fitness and Wellness Coordinator, in the UAB Department of Campus Recreation Offices Thank you!

Office Use Only

Date of paperwork received _____

Date client was placed _____

Name of trainer _____

Additional notes _____