



YMCA OF COLUMBIA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL TRAINER REQUEST FORM

Name: _____ Age: _____ Gender: _____

Email: _____ Phone Number: _____

Fitness Level: [] Beginner [] Intermediate [] Advanced

Have you worked out with a personal trainer before? [] Yes [] No

Do you prefer a male or female trainer? [] Male [] Female [] No Preference

What day(s) work best for you? [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat [] Sun

What time(s) work best for you? [] 5-8am [] 8am-12pm [] 12-4pm [] 4-6pm [] 6-9pm

Do you need child care? [] Yes [] No [] Maybe

What are you looking to acheive by working with a personal trainer? (Please list on back)

Name of preferred Personal Trainer (if applicable): _____

Which package are you interested in purchasing?

Table with 3 columns: Sessions, Member, Nonmember. Rows for 1, 4, 8, and 12 sessions.

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Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____

Please Note: Parent or guardian must sign if applicant is under 18 years of age.

QUESTIONS? Contact Carrie Rampey at carrierampey@columbiaymca.org

