



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 30-MINUTE SESSIONS: 1, 4, 8, 12 sessions with prices.

Table with 3 columns: Sessions, Member, Nonmember. Rows for 60-MINUTE SESSIONS: 1, 4, 8, 12 sessions with prices.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

QUESTIONS? Contact Ashley Fields at ashleyfields@columbiaymca.org

