



## Adult Wellness Center Personal Training Interest Form

Today's Date: \_\_\_\_\_

### Client Background Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Please note: this is a  
Fee-based program offering\*\***

### Session Packages

Individual 1 on 1:  
Four 45 minute sessions package  
\$120 total

### Client Availability

**When are you available for personal training sessions?**

Times (circle all that apply): Morning      Afternoon      Evening

Days (circle all that apply): Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

**How many sessions per week are you interested in?** \_\_\_\_\_

**A PERSONAL TRAINER is a fitness professional who helps individuals obtain their fitness goals by creating individualized exercise programs based on physical goals. Trainers also provide motivation, time efficient workouts, workout accountability and help clients break through physical plateaus.**

**What is/are your primary fitness goal(s)?**

- ☐ Overall wellness
- ☐ Increase daily energy level
- ☐ Reduce stress & improve sleep quality
- ☐ Increase strength/tone
- ☐ Increase cardiovascular endurance
- ☐ Improve flexibility & mobility
- ☐ Other: \_\_\_\_\_

**Why is this fitness goal important to you?**

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## Adult Wellness Center Personal Training Interest Form

### For Office Use Only

Date Initially Contacted:

Days preferred for training:

Times preferred for training:

Current Fitness Level:

Any relevant medical information:

Date Emailed or Distributed Registration Packet:

Trainer Assigned:

Date Trainer Contacted:

Number of Sessions Purchased & Date of Purchase:

Other Information:

***Please submit this form to the Adult Wellness Center Front Desk.  
We will review your information and contact you.***

***Please email Lesli with any questions: [lossenfort@rogersar.gov](mailto:lossenfort@rogersar.gov)***