

Park Place Fitness Center
Personal Training / Assessment/ Equipment Orientation Request Sheet

Date: _____ Type of Membership: Annual / Monthly / Trial

First Name

Last Name

Please give us the information we need to best get a hold of you:

(_____) _____ Best time: _____ (_____) _____ Best time: _____
Home Phone Work Phone

(_____) _____ Best time: _____ _____
Cell Phone E-Mail Address

Age

Height

Weight

Male Female

I am interested in: ☐ Personal Training ☐ Fitness Assessment

Please list any medical conditions and/or special needs that the Personal Trainer should know about: _____

Please list any medications you use, the dosage, and what you take it for: _____

Days & Times Available you wish to work with a trainer: _____
Do you prefer a: Specific Trainer _____ ☐ Male ☐ Female

I am interested in: ☐ Equipment Orientation ☐ Other

Appointment Date you signed up for: _____

Please list any and all of your Health and Fitness Goals :

Office Use Only

Date received by Supervisor: _____ Date returned to Supervisor: _____

Trainer: _____ Call One- date: _____ time: _____
Call Two- date: _____ time: _____ Call Three- date: _____ time: _____