

Leech Lake Diabetes Fitness Center Personal Trainer Request Form

Please complete all pages and return to fitness center staff. This gives your personal trainer important information needed before your appointment.

Name: _____ **Age:** _____ **Date:** _____

Email: _____ **Phone:** _____

Trainer preference? Male Female No Preference Name: _____

Identify the most convenient day(s) and time(s) to meet with your trainer:

Monday Time: _____ Tuesday Time: _____ Wednesday Time: _____

Thursday Time: _____ Friday Time: _____

How many days per week are you hoping to meet with your trainer? _____

What length training sessions are you hoping for with your trainer? 30 minutes 45 minutes 60 minutes

What are you looking to achieve by working with a personal trainer?

- | | |
|--|---|
| <input type="checkbox"/> Lose weight/inches | <input type="checkbox"/> Gain weight |
| <input type="checkbox"/> Improve muscle tone | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Improve flexibility/balance | <input type="checkbox"/> Improve strength |
| <input type="checkbox"/> Rehabilitate injury | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Sports training What sport? _____ | <input type="checkbox"/> Other _____ |

Are you presently exercising? _____ If yes, what is your current exercise routine? _____

What types of physical activity/exercise do you consider "fun"? _____

What are your personal barriers to exercise (i.e., your reasons for not exercising)? _____

Do you have any injuries or ailments that limit exercise, or types of exercises you cannot engage in? _____

Please describe what you would like to accomplish through your fitness program during the next:

Month: _____

6 months: _____

Year: _____

Waiver for Participation:

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction. I, the undersigned, parent or guardian (if under 18), do hereby agree to allow the individual named herein to participate in the aforementioned activities. Further, my family and I agree to indemnify and hold the Leech Lake Diabetes Fitness Program harmless from and against any and all liability for any injury, including death, which may be suffered by the aforementioned individual, arising out of or in any way connected with his/her participating in these activities. I am signing this waiver freely and voluntarily.

Signature: _____ Date: _____

CANCELLATION POLICY: We require 24 hour notice for cancellations of your scheduled appointment.

I have read and understand the cancellation policy.

Signature: _____ Date: _____