



CAMPUS RECREATION

## PERSONAL TRAINING INTEREST FORM

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

BC Affiliation:    STUDENT    ALUMNI    FACULTY/STAFF

Sex:    Male    Female                      Age: \_\_\_\_\_

Do you prefer a Male or Female Personal Trainer? \_\_\_\_\_

What type of fitness services are you interested in?

Fitness Assessment   Program Design    Personal Training

If interested in personal training, how many sessions are you interested in?

1 sessions    6 sessions    12 sessions    30 minute session    semi-private sessions

How many sessions per week? \_\_\_\_\_

### Client Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6AM							
7AM							
8AM							
9AM							
10AM							
11AM							
NOON							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							
8PM							
9PM							
10PM							

**For administrative use only:**

Trainer assigned: \_\_\_\_\_ Registration date: \_\_\_\_\_

Member    Register & pay    Cancellation policy    Availability    HHQ    Med. Waiver