



Personal Training and Equipment Orientation Request Form

- Equipment Orientation**
- Personal Training Consultation**
- Personal Training** *Attach Printed Receipt
- Fitness Assessment Purchased**

Name: _____ Date ____ / ____ / ____

Gender: Male or Female Date of Birth ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Trainer Preference: Male or Female Specific Trainer: _____

Days and Time Available for Training: CIRCLE ALL THAT APPLY

Weekdays Weekends Morning Afternoon Evening

My Current Fitness Level:

Beginner Intermediate Advanced

Have you worked with a trainer in the past? Yes or No

Fitness Goals:

Physical Restrictions and Medical Complications:

PLEASE SIGN PROCEDURE AND AGREEMENT GUIDELINES ON THE REVERSE SIDE 

Office Use Only:

Date Received: ____ / ____ / ____ PT Name: _____ Date Contacted: ____ / ____ / ____

Orientation Completed: ____ / ____ / ____ Consultation Completed: ____ / ____ / ____ PT Sold: Y or N

Procedure and Agreement Guidelines

Park View Health and Fitness only accepts Personal Training and assessment payments in a pre-pay format. No clients will be allowed to attend a training session without prepayment. Trainers will also not be paid until their clients have paid for their sessions. All payments must be made at the Front Desk.

Personal Training and assessment clients must provide 24-hour notice when cancelling an appointment. Sessions cancelled inside of the 24-hour minimum will be billed at the normal rate of 1 session and cannot be made up. Make up sessions that have been properly cancelled outside of the 24-hour period may be rescheduled based on trainer's availability.

The trainer can cancel the session at any time and reschedule with the client or assign the client to another Personal Trainer.

Regardless of the start time, all sessions will end at their scheduled time.

All Personal Training and Assessment Packages are non-refundable and non-transferable.

Personal Training and Assessment Packages expire 1 year from their purchase date.

Client approves the above:

Signature _____ Date _____

Trainer _____ Staff Initials _____

Guardian Signature for Minor: _____

Office Use Only:

Date Received: ____/____/____ PT Name: _____ Date Contacted: ____/____/____
Orientation Completed: ____/____/____ Consultation Completed: ____/____/____ PT Sold: Y or N