



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Training Inquiry Form

Date _____

Name _____

Phone _____

Address _____

City, State, Zip _____

Email _____

Date of Birth _____

How do you prefer we contact you? ___ Phone ___ Email

What is the best time to contact you? ___ Daytime ___ Evening

What do you want to accomplish by working with a Personal Trainer?

When are you available to participate in Personal Training Sessions?

- Day(s) of the the week: _____
- Times:
 - 5:00-7:00am
 - 8:00-11:00am
 - 12:00-4:00pm
 - 5:00-8:00pm
 - Other _____

Describe any health conditions, injuries or other physical concerns you may have:

Signature _____

*Please give this form to the front desk or email our Healthy Living Director Michelle LeMaistre at mlemaistre@foxvalleyymca.org and a personal trainer will follow up with you as soon as possible!