PERSONAL TRAINING REQUEST FORM

Date ___________________________             Name__________________________________________

Phone__________________________             Email___________________________________________

Status:  
☐ Undergraduate Student  ☐ Graduate Student  ☐ Alumni  ☐ Emory Faculty/Staff  
☐ Spouse/Partner or dependent child  ☐ Barnes & Noble Bookstore/Sodexo Employee

Have you worked with an Emory Fitness Personal Trainer before?  ☐ Yes  ☐ No

If yes, whom did you work with? __________________________________________________________

Do you prefer a male or female trainer?   ☐ Male  ☐ Female  ☐ No Preference

Specific Trainer Requested?  List Name(s) ___________________________________________________

Do you currently work out on a regular basis?   ☐ Yes  ☐ No

What are your current fitness goals (please be as specific as possible)? ___________________________

________________________________________________________________________________

_____________________________________________________________________________________

Please choose which training package you are/may be interested in purchasing:

☐ 30-Minute Fitness Assessment*  
☐ Single session (1 hour)  ☐ 5 full sessions  ☐ 10 full sessions  ☐ 20 full sessions  
☐ 5 half sessions  ☐ 10 half sessions  ☐ 20 half sessions  
☐ Single buddy session**  ☐ 5 buddy sessions**  ☐ 10 buddy sessions**  ☐ 20 buddy sessions**  

*Find description of Fitness Assessment on our website: play.emory.edu  
**Full and buddy sessions are one hour in length, half sessions are 30 minutes in length

When are you available to train?

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Please submit this along with Health History Questionnaire to the Membership office, located at the SAAC Facility.

Fitness Coordinator Use Only

Date of paperwork received ____________________________  Date contacted ________________________________

Date client was placed ____________________________  Name of Trainer ________________________________

Package Purchased ____________________________  Date Payment was received __________________________