

Please check one:
 Pass Holder
 Non-Pass Holder

Greater Plymouth Community Center

Personal Training Request Form

Name _____



Date _____

Phone # _____

Age _____

* Please note, if you are age 50+ and/or have any medical condition, you will need a doctors note prior to your personal training session. If we have received one in the last year and you have not been treated for any additional medical conditions we can honor that referral.

List your preferred day(s) to train: _____

List your preferred time(s) to train: _____

Special Considerations: _____

How often would you like to work out with a personal trainer?

- Weekly (_____ times per week)
- Other. Please specify _____

What is your current level of physical activity?

- Low (0 – 2 hours/wk)
- Moderate (3 – 4 hours/wk)
- High (over 5+ hours/wk)

What is your primary fitness goal for obtaining a personal trainer?

- | | |
|---|--|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Improve Bone Density |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Post Pregnancy Reshaping |
| <input type="checkbox"/> Senior Fitness | <input type="checkbox"/> Post Physical/Cardiac Therapy |
| <input type="checkbox"/> Pre-Wedding Makeover | <input type="checkbox"/> Sport Specific Training |
| <input type="checkbox"/> Other _____ | |

Is there a specific GPCC Trainer you would like to request?

Notes: _____

* A trainer will contact you within two days to discuss your training needs! Only Greater Plymouth Community Center Trainers may train in our facility. All of our trainers either have BS degrees in Exercise Science and/or Personal Training Certifications from accredited organizations, CPR & First Aid Certified, & AED trained.