

Personal Training Intake Form

Name:

Phone Number:

Email:

Preferred method of contact:

Age:

Date Submitted:

What are your fitness goals? Please be as specific as possible.

What type of exercise do you currently do and how often?

Do you have any medical concerns or previous injuries that affect your ability to exercise?

How many days per week are you interested in working with a trainer?

What's your availability? (days of the week, eventings, daytime, weekends?)

Completed forms can be dropped off at the Morinville Leisure Centre or emailed to
community@morinville.ca