UTHealth East Texas Olympic Center

Personal Training Interest Form

Name_____ **D.O.B.** ___/___/____

Day Phone_____ **Evening Phone**_____

E-mail_____ **Date** ____/____/_____

Personal Training Interest (check more than one if applicable):

□ Strength training
□ Aquatic personal training in the pool
□ Balance/core training
□ Weight management
□ Private yoga sessions
□ Cardiovascular training
□ Flexibility training
□ Pilates reformer training
□ Private barre sessions
□ Private swim lessons (Adult/Children)

Other:_____

What time of the day would you prefer to personal train:

□ Morning (5am – 11am) specify:_____

□ Midday (11am – 4pm) specify:_____

□ Evening (4pm – 9pm) specify:_____

What duration do you prefer for your training sessions:

□ 60 minutes □ 30 minutes

What days are most convenient for you to personal train:

□ Monday □ Tuesday □ Wednesday □ Thursday
□ Friday □ Saturday □ Sunday

Please list any specific needs that should be considered when selecting the proper trainer (i.e. – high blood pressure, diabetes, post physical/cardiac therapy):

_____

_____

What are your main goals you would like to accomplish through personal training?

_____

_____

Are you a member of the UT Health East Texas Olympic Center? □ Yes □ No

Staff Use Only: Date reviewed _____ Date member contacted _____
Most recent fitness assessment _____ Assessment facilitator _____

Please turn in completed copy to a fitness staff member.