

Personal Training Request

1 Client Information						
Name	Age (optional)	Preferred contact <input type="checkbox"/> Email <input type="checkbox"/> Phone				
Email	Phone					
A Fitness Goals						
What are you trying to achieve? Check all that apply.						
<input type="checkbox"/> General overall health	<input type="checkbox"/> Lifestyle change	<input type="checkbox"/> Improved body composition				
<input type="checkbox"/> Sport conditioning	<input type="checkbox"/> Increase muscle strength	<input type="checkbox"/> Improve exercise technique				
<input type="checkbox"/> Improve cardio endurance	<input type="checkbox"/> Post-rehabilitation	<input type="checkbox"/> Other: _____				
B Fitness Information						
On a scale of 1-10 (10 being highest), how would you rate your current fitness level?						
C Fitness Experience						
What is your fitness activity experience?						
<input type="checkbox"/> New to fitness	<input type="checkbox"/> Beginner	<input type="checkbox"/> Recreational				
<input type="checkbox"/> Returning to fitness	<input type="checkbox"/> High performance					
Please list any information or special instructions the trainer should be aware of.						
2 Availability Please specify which days and times you would be available.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Trainer Preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference						
3 Location						
Training Location Preference						

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 fo@tol.ca 604.532.7396