



JSU University Recreation Personal Training Request Form

Date _____ Name _____

Phone _____ Email Address _____

Status: Student Employee JSU Retiree JSU Alumni Non-Member Household Adult

Have you ever been trained by a JSU UREC personal trainer before? Yes No

If yes, whom did you work with? _____

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

Do you have a specific trainer requested? If so, list name _____

What are your current exercise habits? None A few times/month 1-2 days/weeks 3-4 days/week
 5-6 days/week Everyday Active job, but no exercise I used to exercise regularly, but not now

What are your main fitness goals (please be as specific as possible)? _____

Individual or Partner Training? Individual Partner Partner's Name _____

Select Package: 1 Session 4 Sessions 8 Sessions **(Personal Training Sessions are 60 minutes)**

When are you available to train? (Please check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 9am - 12pm
<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 12pm - 3pm
<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 3pm - 6pm
<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 6pm - 9pm
<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 2pm - 4pm	
	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 4pm - 6pm	
	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 9pm	
	<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 8pm - 11pm		

Please submit this form and a Health History Questionnaire to UREC Member Services or email to: ufit@jsu.edu

University Recreation Staff Use Only

Date of paperwork received _____ Date client was placed _____

Assigned Personal Trainer _____ Additional notes _____
