

Date ___/___/___



PERSONAL TRAINING REQUEST

Client Name _____ Date of Birth ___/___/___

Email Address _____

Home Phone _____ Cell Phone _____

Days & Time Available for Training _____

Times Per Week You Wish to Work with a Trainer _____

Please list your Health and Fitness Goal(s):

Please return this form to the Huntley Park District Fitness Manager:

In-person

12015 Mill Street, Huntley, IL 60142
847-669-3180 (ext. 311)

Email

mszytz@huntleyparks.org

Thank you for your request.

A Personal Trainer will contact you as soon as possible.



PERSONAL TRAINING CLIENT INFORMATION

Personal | Power | Small Group | Partner

CLIENT MEDICAL HISTORY

Date ___ / ___ / ___

Name _____ Date of Birth ___ / ___ / ___ Age ___

Home Phone _____ Cell Phone _____ Work Phone _____

Do you require any special needs?

If yes, please explain _____

Are you currently taking any medications? Yes ___ No ___

If yes, please list medications

Have you ever had surgery? Yes ___ No ___

If yes, please list surgeries

Do you smoke? Yes ___ No ___

If no, have you smoked in the past? Yes ___ No ___

Do you consume alcohol? Yes ___ No ___

If yes, how much/how often per week? _____

Do you have allergies? Yes ___ No ___

If yes, please list all allergies

Are you or have you been pregnant in the last three months? Yes ___ No ___

CLIENT MEDICAL HISTORY (CONT.)

Have you had/or do you currently suffer from: (circle all that apply)

- | | |
|------------------------|------------------------------|
| Heart Attack | Shortness of Breath |
| Chest Discomfort | Elevated Cholesterol |
| Irregular Heartbeat | Arthritis |
| Unusual Heart Findings | Muscle or Joint Problems |
| Obesity | High Blood Pressure |
| Diabetes | Ankle Swelling |
| Stroke | Epilepsy |
| Chronic Back Problems | Light Headedness or Fainting |
| Circulatory Problems | Hypoglycemia |
| Cancer | Asthma |
| Rheumatic Fever | Orthopedic Problems |
| Pulmonary Disease | Recent Weight Gain or Loss |

Other: _____

Do you feel that you are in good health? Yes_____ No_____

FAMILY HISTORY

Have any of your blood relatives been linked to heart disease, diabetes, high blood pressure, stroke, or any other illness/disease? Yes_____ No_____

If yes, please list the disease and the person's relationship to you:

1. _____
2. _____
3. _____
4. _____
5. _____

EMERGENCY CONTACT

Please provide us with a contact in case of an emergency.

Name _____ Relationship _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____

SIGNATURE

The above facts are true to the best of my knowledge and do not misrepresent my health in any way.

Name	Signature	Date
_____	_____	___/___/___
(Print)	(Sign)	

PERSONAL TRAINING WAIVER

Waiver and Release of all Claims

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Huntley Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Huntley Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of participating in the program.

I further agree to indemnify and hold harmless and defend the Huntley Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death. Damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program.

I have read and fully understand the above program details and Waiver and Release of All Claims.

Name _____
(Please Print)

Signature _____
(If under 18 yrs., Guardian's signature)

Date ___ / ___ / _____