



Gym Orientation

Personal Training Consultation

Name \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What is your preferred form of contact?  Text  Phone  E-mail

Mt. Park Membership Status?  Mt. Park Member  Non-Member

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

Are you purchasing sessions today?  Yes  No

## AVAILABILITY

What day(s) and time(s) of the week are you normally available to meet with a personal trainer?

\*Please X-out all of your available times to best fit you with a personal trainer\*

|         | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|--------|---------|-----------|----------|--------|----------|--------|
| 5:30am  |        |         |           |          |        |          |        |
| 6:00am  |        |         |           |          |        |          |        |
| 7:00am  |        |         |           |          |        |          |        |
| 8:00am  |        |         |           |          |        |          |        |
| 9:00am  |        |         |           |          |        |          |        |
| 10:00am |        |         |           |          |        |          |        |
| 11:00am |        |         |           |          |        |          |        |
| 12:00pm |        |         |           |          |        |          |        |
| 1:00pm  |        |         |           |          |        |          |        |
| 2:00pm  |        |         |           |          |        |          |        |
| 3:00pm  |        |         |           |          |        |          |        |
| 4:00pm  |        |         |           |          |        |          |        |
| 5:00pm  |        |         |           |          |        |          |        |
| 6:00pm  |        |         |           |          |        |          |        |
| 7:00pm  |        |         |           |          |        |          |        |
| 8:00pm  |        |         |           |          |        |          |        |
| 9:00pm  |        |         |           |          |        |          |        |

# GOALS

Please write down three specific fitness goals:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Special Concerns:** Do you have any prior injuries or physical limitations your personal trainer should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFUND & CANCELLATION POLICY --- PLEASE READ AND INITIAL

\_\_\_\_\_ Failure to adhere to facility policies is cause for dismissal with no refund of fees.

\_\_\_\_\_ A complete refund of a personal training package will be given only if written notification of cancellation is given *at least two weeks prior* to the start of the training session.

\_\_\_\_\_ Refunds will be given for medical or death with the proper paperwork provided to Mt. Park. Once paperwork is given to Mt. Park, the refund will then go forward with processing.

\_\_\_\_\_ **No refund** will be given for any reason after 3 months post purchase of item, event or program.

\_\_\_\_\_ **No refund** will be given if the participant leaves a session early for any reason; if a participant cancels **within 24hrs of the session**; or if a participant does not show up for the session.

\_\_\_\_\_ In the rare event that your personal trainer can no longer serve you, we offer no refund but will provide you with an adequate replacement to continue your training sessions.

**I have read and understood the Refund and Cancellation Policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_