

Personal Training New Client Form

Today's Date: _____

Child's first and last name: _____

Nickname: _____

Date of Birth: _____ Age: _____ Male/Female _____

Address: _____

City/State/Zip: _____

1. Parent's Name: _____

Occupation: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

2. Parent's Name: _____

Occupation: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

EMERGENCY NOTIFICATION: If you will be leaving your child during the session, please ensure your trainer has a way to reach you in the event of an unlikely emergency (i.e. cell phone and/or destination).

Name of Person(s) who may be bringing your child to personal training if not a parent: _____

Relationship _____

Pediatrician Name: _____

Phone: _____

Who referred you to us?

Sibling names and ages

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Describe what you hope to achieve from this personal training program: (what difficulties does your child have?)

- Strength:** _____
- Endurance:** _____
- Flexibility:** _____
- Agility:** _____

Please add any comments or descriptions which will help us to better understand your child (e.g. interests/hobbies/dislikes).
