



Personal Training Interest Form

A variety of Personal Training options are available at the Westminster Family Fitness Center to help you achieve your health and fitness goals. Please answer the questions below to assist us in finding the right personal trainer for you.

First Name:	Last Name:	Today's Date:
Date of Birth (mm/dd/yy):		WFFC Member? yes no
Email:		Cell Phone #

Do you have a preferred Personal Trainer? yes no
 If yes, please provide their name and any additional information in the space below:

Yes	No	Have you used a Health Club / Gym / Fitness Center before joining WFFC?
Yes	No	Have you ever worked with a Personal Trainer?
Yes	No	Do you currently exercise? Describe:

Please indicate which day(s) you are available for your Personal Training sessions:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Please indicate the most convenient time(s) of day for your Personal Training sessions:

Morning:	Afternoon:	Evening:
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What specific health and fitness related goals do you wish to accomplish?

What is your timeframe for achieving your goals?

What obstacles to achieving your goals do you anticipate having to overcome?

Please rate your level of agreement/disagreement with the following statements:

I enjoy exercising.	Agree 10 9 8 7 6 5 4 3 2 1 Disagree
I am motivated to exercise.	Agree 10 9 8 7 6 5 4 3 2 1 Disagree
I am ready to make a change in myself.	Agree 10 9 8 7 6 5 4 3 2 1 Disagree