

Personal Training Intake Form(Please return this completed form to: bonnie.jordan@beaumont.ab.ca)Name: _____ Phone Number: _____
Alt. Number: _____ Email: _____
Age: _____

What are your fitness goals? Please be as specific as possible.

What type of exercise do you do currently and how often?

Do you have any medical concerns or previous injuries that affect your ability to exercise?

How many days per week are you interested in training? _____

What is your exercise availability? (Days of the week, evening, daytime, weekend?)

Is there a specific trainer you would like to work with? Please specify: _____

Do you have a preference of a male or female trainer? _____

Cancellation Policy

I, _____ agree to the BSRC's booking cancellation policy. I will give my Personal Trainer 24 hours notice, from the time of my training session, or realize that I will be charged for the service.

(Signature) _____ (Date)

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of management of the internal personal trainers program. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

