Leech Lake Diabetes Fitness Center
Personal Trainer Request Form

*Please complete all pages and return to fitness center staff. This gives your personal trainer important information needed before your appointment.*

Name: ___________________________ Age: _____ Date: __________

Email: ___________________________ Phone: _______________________

Trainer preference?  Male ☐  Female ☐  No Preference ☐  Name: ________________

Identify the most convenient day(s) and time(s) to meet with your trainer:
Monday ☐ Time: __________  Tuesday ☐ Time: __________  Wednesday ☐ Time: __________

Thursday ☐ Time: __________  Friday ☐ Time: __________

How many days per week are you hoping to meet with your trainer? _________

What length training sessions are you hoping for with your trainer?  30 minutes  45 minutes  60 minutes

What are you looking to achieve by working with a personal trainer?
☐ Lose weight/inches  ☐ Gain weight
☐ Improve muscle tone  ☐ Increase muscle mass
☐ Improve flexibility/balance  ☐ Improve strength
☐ Rehabilitate injury  ☐ Reduce stress
☐ Sports training  What sport? _________  ☐ Other ________________________________

Are you presently exercising? _________  If yes, what is your current exercise routine? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What types of physical activity/exercise do you consider “fun”? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What are your personal barriers to exercise (i.e., your reasons for not exercising)? ________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you have any injuries or ailments that limit exercise, or types of exercises you cannot engage in? ______
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please describe what you would like to accomplish through your fitness program during the next:

Month: ________________________________________________________________
__________________________________________________________________________________________

6 months: ________________________________________________________________
__________________________________________________________________________________________

Year: ________________________________________________________________
__________________________________________________________________________________________

Waiver for Participation:

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction. I, the undersigned, parent or guardian (if under 18), do hereby agree to allow the individual named herein to participate in the aforementioned activities. Further, my family and I agree to indemnify and hold the Leech Lake Diabetes Fitness Program harmless from and against any and all liability for any injury, including death, which may be suffered by the aforementioned individual, arising out of or in any way connected with his/her participating in these activities. I am signing this waiver freely and voluntarily.

Signature: ____________________________ Date: ______________

Cancellation Policy: We require 24 hour notice for cancellations of your scheduled appointment.

I have read and understand the cancellation policy.

Signature: ____________________________ Date: ______________