



# Small Group Training Renewal Form

## Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ CWID: \_\_\_\_\_

OSU Affiliation: Undergraduate \_\_ Graduate \_\_ Faculty/Staff \_\_ Other \_\_

Method of payment: Cash\_\_ Check\_\_ Bursar account\_\_ Credit Card\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list the other participants in your small group:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

How many sessions would your group like to purchase?

Do you prefer working with a male or female trainer?

If you prefer a particular trainer, please specify: \_\_\_\_\_

Would you prefer to meet with your trainer 2\_\_ or 3 \_\_ days per week?

Would you like to work with an IFIT certified trainer? **Y** **N**

**\*IFIT trainers are qualified to work with a variety of disabilities including: ALS, amputation, arthritis, cerebral palsy**

**Availability:** Please mark days and times that you ARE available to meet with a trainer.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
5:30 - 8:30am							
8:30 - 11:30am							
11:30am - 2:30pm							
2:30 - 5:30pm							
5:30 - 8:30pm							
8:30pm - Midnight							



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**Fitness History and Goals: (Please be as detailed as possible.)**

1. When was the last semester you participated in small group training? \_\_\_\_\_
2. Do you plan to exercise in addition to personal training sessions?
3. What primary health goals would you like your program to focus on?

**Weight loss**                      **Cardiovascular Endurance**                      **Muscular strength**                      **Flexibility**  
**Muscular Endurance**                      **Balance/Stability**                      **Other:**\_\_\_\_\_

4. Please specify any forms of exercise you know you cannot do.  
\_\_\_\_\_
5. Do you smoke or have you quit smoking in the last 3 months?
6. Do you have a hernia/other condition that could be aggravated by lifting weights?
7. Are you currently pregnant or less than 3 months postpartum?
8. **Have you had any health changes since filling out your initial paperwork? If so, please describe:**  
\_\_\_\_\_

**Cancellation Policy:** The client must notify the trainer at least 24 hours prior to the session if he/she wishes to cancel or reschedule. If the client does not notify the trainer at least 24 hours prior to the session, he/she may knowingly forfeit that session and will not be eligible for a refund.

**Expiration Notice:** All small group training sessions will expire one year from date of purchase. If the client does not use all of their sessions within that year, he/she knowingly forfeits the remaining sessions and will not be eligible for a refund.

**Refund Policy:** Small Group training sessions are NON-REFUNDABLE.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_