**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** |  |  |  |  |  |  |  |

**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?  **Y N**
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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please specify any forms of exercise you know you cannot do. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you smoke or have you quit smoking in the last 3 months?  **Y N**
3. Do you have a hernia/other condition that could be aggravated by lifting weights? **Y N**
4. Are you currently pregnant or less than 3 months postpartum?  **Y N**
5. **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 at the end of the semester for which they were purchased. If the client does not use all of their sessions within that semester, 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: \_\_\_\_\_\_\_\_\_\_\_\_**