

Main contact information:Date _____
(YYYY-MM-DD)First Name _____ Last Name _____
(Print) (Print)

Contact Phone Number _____ Email _____

Preferred method of contact _____ Age _____

Service Requested:☐ Program Design☐ Partner Training☐ Individual Session/Continuous Training: Ideal # of sessions per week _____**Facility Preference:** ☐ Millennium Place ☐ Glen Allan Recreation Complex
☐ Ardrossan Recreation Complex**Trainer Preference:** ☐ Male ☐ Female ☐ No Preference**Availability:** Check the time blocks you are available

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|------------|-----|-----|-----|-----|-----|-----|-----|
| 5-7 AM | | | | | | | |
| 7-9 AM | | | | | | | |
| 9-11 AM | | | | | | | |
| 11 AM-2 PM | | | | | | | |
| 2-4 PM | | | | | | | |
| 5-7 PM | | | | | | | |
| 7-9 PM | | | | | | | |

Goals: ☐ Lose weight ☐ Gain muscle ☐ Rehabilitation / Recovery
☐ Sport Specific ☐ Training for a specific event / competition
☐ Other

Personal Training - Request

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What is your experience with exercise/physical activity, and what are you wanting to focus on in your training session(s)?

Do you have any past injuries or surgeries we should know about?

Are you currently living with a chronic medical condition that we should know about?

☐ Yes

☐ No

Comments/Additional Information:

Questions? Please email: personaltraining@strathcona.ca

PRESCREEN: TRAINER USE ONLY

Date: _____ Done by: _____

Resting Heart Rate: _____ Resting Blood Pressure: _____

Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used as part of Recreation, Parks and Culture's Fitness Appraisal Program. If you have questions about the collection, use or disclosure of this information, contact Manager, Central Services, Strathcona County at 780-467-2211.

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