



Sheboygan YMCA Personal Training Intake Form

Personal Information

Name: _____

Date of Birth: _____ Male: Female: Nonbinary:

Phone #: _____ Email: _____

Fitness Goals

Short Term Goals: _____

Long Term Goals: _____

Physical and/or Medical Limitations (optional)

Recent Injuries: _____

Current Medical Concerns: _____

Availability

Requested Workouts per Week: _____

Days Available: _____

**PLEASE RETURN FORM TO WELCOME DESK
OUR LEAD PERSONAL TRAINER WILL REACH
OUT TO YOU SET UP AN ORIENTATION**