



Personal Training

Frisco Athletic Center Membership Required

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: _____ Home: _____ Work: _____

Type of Training: (Circle One) Individual Two Person 4 Person Group
(One Hour Session Only)

Session Preference: (Circle One) ½ Hour Session 1 Hour Session

Number of Sessions: 1 6 10

Trainer Preference: (Circle One) Male Female Either

Preferred Days to Train: (Circle as Many as Apply)
 Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Time: _____ Start Date: _____

Fitness Goals: _____

On a scale of 1 to 10, how active are you on a daily basis? (1= not at all, 10= Extremely)

Favorite Activities: (ex. running, walking, tennis, weight training, etc...)

Please list any medical concerns or limitations you may have so we can assign the appropriate Personal Trainer whose expertise is specific to your health conditions and personal fitness goals.

Workout Partners: (If Applicable)

Name	Email	Phone
1		
2		
3		
4		

For more information please contact Michelle Zelrick, Fitness Program Supervisor @ 972-292-6521 or mzelrick@friscotexas.gov	Staff Use Only:	
	Received By: _____	Date: _____
	Referred To: _____	Contacted: _____