







## **Fitness Center Client Information Sheet**

| Name:                     |                 | Date:   |                |               |                |
|---------------------------|-----------------|---------|----------------|---------------|----------------|
| Age:                      |                 |         |                |               |                |
| Goals:                    |                 |         |                |               |                |
| ☐ General Health          | ☐ Weight L      | Loss    | ☐ Cardiovas    | cular Fitness | 3              |
| ☐ Sports Training         | Other           |         |                |               | _              |
| What types of exercise a  | re you interest | ted in? |                |               |                |
| ☐ Cardio only (walking,   | running)        | □ W     | eight Training | ☐ Ci          | rcuit Training |
| ☐ Resistance Training     |                 |         |                |               |                |
| Will you need instruction | or assistance   | with th | e equipment?   |               |                |
| ☐ YES ☐ N                 | 10              |         |                |               |                |
| Comments:                 |                 |         |                |               |                |
|                           |                 |         |                |               |                |
|                           |                 |         |                |               |                |
|                           |                 | _       |                |               |                |