Jewish Community Center
Personal Training Inquiry Form

Member Name ___________________________________________ Date ____________________

Address ____________________________________________________________________________

Email ________________________________________________________________________________

Preferred Phone ____________________________ (check one) ☐ home ☐ cell ☐ work

Best time of day to call ______________________ ☐ AM ☐ PM

TRAINER PREFERENCES (circle your preferences)

TRAINER GENDER: Male    Female    No Preference

SESSION TIME: Morning    Afternoon    Evening    Anytime

OR

SPECIFIC TIME: AM    6:00  7:00  8:00  9:00  10:00  11:00

PM    12:00  1:00  2:00  3:00  4:00  5:00  6:00  7:00  8:00

SPECIFIC DAY: Saturday  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday

I prefer to train with (Name of Trainer) ________________________________________________

Additional Information ______________________________________________________________

______________________________________________________________

CONTRACT INFORMATION:

All sessions require a 24-hour cancellation notice or the client will be charged for the session.

All personal training packages have an expiration date depending upon the amount of sessions purchased. For example, a package of 10 training sessions will expire 3 months from the date of purchase; packages of 20 training sessions will expire in 6 months; etc.

Personal training sessions are nontransferable and nonrefundable.

CLIENT SIGNATURE ___________________________________________ DATE ____________________
MEDICAL HISTORY

CHECK ALL THAT APPLY
☐ Recent illness, hospitalization or surgical procedure
☐ Heart attack, coronary bypass, cardiac surgery, stroke
☐ Abnormal resting or stress ECG
☐ Uneven, irregular, or skipped heart beats (including a racing or fluttering heart)
☐ Abnormal blood lipids (total cholesterol, HDL, LDL, triglycerides)
☐ Family history of coronary or other atherosclerotic disease prior to age 55 male, 65 female
☐ Diabetes Mellitus (type I, type II, or gestational)
☐ High blood pressure
☐ Phlebitis Emboli
☐ Pulmonary disease (asthma, emphysema, and bronchitis)
☐ Rheumatic Fever
☐ Light-headedness or fainting
☐ Chest pain at rest or exertion
☐ Unusual shortness of breath
☐ Orthopedic problems (arthritis or any other bone, joint, or muscle problems)
☐ Emotional disorders
☐ Medications
☐ Drug allergies
☐ Smoking
☐ Physical inactivity

MEDICAL RELEASE
If I checked one or more of the answers above, I agree to provide either a medical release from my physician and /or provide my physician’s name and contact information in order for our personal training director to obtain the medical release.

With the contact information I have provided, I authorize the New Orleans JCC to contact my physician to obtain medical release for personal training.

Physician Name ____________________________ Primary Phone ________________

Member Signature ____________________________ Date _____________________

For staff use only: RECOMMENDATIONS/HEALTH STATUS CLASSIFICATION
☐ Medical clearance   ☐ Apparently healthy   ☐ Increased risk   ☐ Known disease
☐ Max stress test and medical clearance   ☐ Refer to medically supervised program

Please return Personal Training Inquiry Forms to:
UPTOWN: Katie Tillery, Wellness Director - Uptown by fax to 504.897.1380,
by mail to 5342 St. Charles Avenue, New Orleans, LA 70115 or email katie@nojcc.org
METAIRIE: Alexis Smith, Wellness Director - Metairie by fax to 504.780.5639,
by mail to 3747 W Esplanade Avenue, Metairie, LA 70002 or email alexis@nojcc.org