Harold & Elaine Shames Jewish Community Center on the Hudson

Client Consultation Form
Personal Training/Pilates Reformer

Name

DOB **Email**

Phone

I am Interested in:

◯ **Personal Training** ◯ **Pilates Reformer** ◯ **Unsure**

What is your current exercise/fitness regimen, if any?

What was your past exercise/fitness regimen, if any?

What are your goals with respect to personal training?

Do you have any injuries, medical conditions, orthopedic issues, physical limitations and are you on any type of medications?

What is the frequency of the training that you are looking for (# of times per week and for how long per session)

What is your availability for training (days/times)?

Is there any other information you think would be helpful for training purposes?

Please email your completed form to lkochek@shamesjcc.org.