**Personal Training Service**

**General Information**
Name: ________________________________
Gender:_______
Tel #:_____________________________________
E-mail:_____________________________
☐ U of O Employee ☐ U of O Student ☐ External Member
Date: ____________________

**Gym Preference:**
☐ Montpetit Fitness Centre
☐ Health and Lifestyle Centre

**Goal(s):**
☐ Weight Loss
☐ Increase Muscle Strength
☐ Increase Muscle Mass
☐ Increase Flexibility/Mobility
☐ Aerobic Conditioning
☐ Pain Reduction
☐ Stress Relief/Fatigue :
☐ Illness:________________
☐ Injury Rehabilitation :______________
☐ Sport Specific:____________________
☐ Body Composition
☐ Other :__________________________

**Availability :**

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**Current Campus Rec Engagement :**
☐ Instructional Classes
☐ Group Fitness
☐ Other:__________________

**How did you hear about us:**
☐ GeeGees.ca
☐ Social Media
☐ Other:_______________

**Trainer preference:**
Name of Trainer: ________________________
Language: ☐ French ☐ English
Gender: ☐ Woman ☐ Man

***Personal Training Sessions are non-refundable and Consultations are mandatory***