



CITY OF LARAMIE  
PARKS & RECREATION DEPARTMENT  
P.O. Box C  
Laramie, WY 82073

Parks Division: (307) 721-5264  
Fax (307) 721-5256  
Recreation Coordinator: (307) 721-5261  
Fax: (307) 721-5284  
Facilities Mgmt Division: (307) 721-3585  
TDD (307) 721-5295

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# Personal Trainer Request

**Are you a member?**

**Must be a Member to meet with a Personal Trainer**

**Please fill out the following forms:**

1. Personal Trainer Request – Client Information Form
2. PAR-Q+ Form
3. ePARmed-x Physician Clearance Follow-up Form (if required)

**Please keep and read the “Move Your Way” exercise guidelines and recommendations.**

**A personal trainer will contact you in the next week to follow up and meet with you.**

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address (Optional) \_\_\_\_\_

**Emergency Contact Info:** Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone (Primary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What is your occupational activity level?

Sedentary \_\_\_\_\_ Light \_\_\_\_\_ Moderate \_\_\_\_\_ Heavy \_\_\_\_\_

Do you currently engage in vigorous physical activity on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

How much time per day?(Select) <15 min \_\_\_\_\_ 15-30 min \_\_\_\_\_ 30-45 min \_\_\_\_\_ > 60 Min \_\_\_\_\_

Do you ever have uncomfortable shortness of breath during exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you ever have chest discomfort during exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking any medications or supplements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Are you currently trying to lose weight? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anything else that we should know about you with starting a new exercise program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you hoping to achieve with working with a personal trainer?

Health/Wellness \_\_\_\_\_ Accountability \_\_\_\_\_ Dr. Recommendation \_\_\_\_\_ To lose Weight \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal trainer preference: Specific Person: \_\_\_\_\_ F/M: \_\_\_\_\_ None \_\_\_\_\_

"A place for all."

**Staff Notes:**

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