



City of Pullman, Pullman Aquatic & Fitness Center

500 NW Greyhound Way, Pullman, WA 99163

Phone/Fax: 509-338-3290

Website: PullmanSwims.com

Email: Aquatic@pullman-wa.gov



Personal Training Interest Form

Date of Application: _____

Name: _____

Date of Birth: __/__/__ Age: _____ Phone: _____

Email: _____

Student #2 Name: _____ Date of Birth: __/__/__ Age: _____

Student #3 Name: _____ Date of Birth: __/__/__ Age: _____

Student #4 Name: _____ Date of Birth: __/__/__ Age: _____

- Private: 1 person, \$35/30 min
- Semi-private: 2 people, \$23 each person/30 min
- Friends & Family: 3-6 people, \$20 each person/30 min

Please write preferred times for each day in boxes above; times must be during normal open hours.

Monday: _____ Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____ Saturday: _____
 Sunday: _____

Required:

Have you completed and submitted a Physical Activity Readiness Questionnaire (PAR-Q)? Yes No

Please answer the following:

1. How long? 30 minutes 45 minutes 1 hour
2. How many personal training sessions? (2 hrs minimum). _____
3. What dates? _____
4. What are you hoping to achieve from personal training sessions? _____

5. Please share any information about the student(s) that would help our Personal Trainer: _____

For office use only:		Date Received: _____
Entered Rec1: _____	Instructor: _____	Receipt #: _____
Medical Authorization Form Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		