



Group Fitness Member Information

Nancy McNeil
Certified Personal Trainer
5837 Brier Ave, Duncan
250-510-0595
www.forever-fit.ca
nancyisforeverfit@gmail.com

Name _____ Date _____

All information received on this form is strictly confidential. This information helps me develop a program that addresses your needs, goals and interests and is fun, safe and effective.

Date of birth _____	Age _____
Address _____	
Phone h) _____ w) _____	Cell _____
Email Address _____	
Occupation _____	
Physician's Name _____	Phone _____
Emergency Contact _____	Phone _____
Relationship _____	

How would you rate your present fitness level (1-very poor - 10 best) _____

Do you have any muscle/joint issues that may be affected by the exercise program you have signed up for? _____

How often do you exercise weekly? _____ Average length of time spent exercising _____

What activities are you presently involved in? _____

Do you do any stretching? _____ If so, what kind? _____

Do you prefer to exercise; **inside** _____ **outside** _____ **combination** _____

Early morning ___ Morning ___ Afternoon ___ Evening ___



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Group Fitness Member Information – Cont.

What are your goals within the next 3 – 12 months? _____

What are some of your favorite types of exercises? _____

Realistically how many times per week, do you plan to exercise? _____

Approximately how much sleep do you get each night? _____

Do you feel you get adequate nutrition? _____

How many meals do you eat each day? _____

May I have your permission to use photo's of you on my publicity material ie. facebook page and website and newsletters? Yes _____ No _____

What other information would help me create a program that best suits your needs?
