



**Massage & Movement Synergy**  
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**Personal Training Contract**

<b>Rate</b>	<b>Length</b>	<b>Program</b>	<b>Program Description</b>
\$85	60 min	A	Schedule as needed (no commitment)
\$45	30 min	B	30 min of cardio, strength training, core and/or flexibility training
\$60	45 min	C	45 min of cardio, strength training, core and/or flexibility training
\$75	60 min	D	60 min of cardio, strength training, core and/or flexibility training
Varies \$25/each additional person		E	Groups up to 5 people/ Programs and Fees are the same as listed above
			*All options (except A) have a 1 month commitment- minimum 1 x/week

**Billing/Payment Policy**

- Sessions are billed on a monthly schedule due at the 1<sup>st</sup> scheduled session for the month.
- Cash , Check or Credit Cards Accepted
- Gift Certificates are available (expires 90 days from date issued)
- \$30 fee for all returned checks

**Scheduling Training Sessions**

- All sessions will be scheduled on a monthly basis
- Please provide written notification by 15<sup>th</sup> of current month for next month's conflicts/cancellations

**No Show/Cancellation /Late Policy**

- 24 Hour notice (call, email or text) required for all cancellations
- Full charge for scheduled services if 24 notice not provided or "no show" for session
- Session times will start at the scheduled appointment time, regardless of clients arrival time, and end on schedule
- Clients arriving more than 20 minutes late for appointments will be required to reschedule appointments

I \_\_\_\_\_ commit to the following personal training schedule:

(Print your name here)

(Write the option letter from the above list)\_\_\_\_\_. I understand that I will be billed on a monthly basis and payment is due at the first training session of each month. I understand that this contract will renew automatically at the end of my commitment unless I notify my trainer (verbal or written), prior to two weeks, of termination of this contract. By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONAL TRAINING GOAL SETTING FORM

Determine and rank your fitness/health goals:

Goal #1 \_\_\_\_\_  
Goal #2 \_\_\_\_\_  
Goal #3 \_\_\_\_\_  
Goal #4 \_\_\_\_\_

How could each goal be achieved? (In terms of frequency, days, times, intensity, etc)

Goal #1 \_\_\_\_\_  
Goal #2 \_\_\_\_\_  
Goal #3 \_\_\_\_\_  
Goal #4 \_\_\_\_\_

What, if any, dietary modifications need to be made (keep them achievable and realistic)?

Goal #1 \_\_\_\_\_  
Goal #2 \_\_\_\_\_  
Goal #3 \_\_\_\_\_  
Goal #4 \_\_\_\_\_

What obstacles might interfere with your goal achievement?

Obstacle?

What is your strategy to overcoming obstacle?

Goal #1 \_\_\_\_\_  
Goal #2 \_\_\_\_\_  
Goal #3 \_\_\_\_\_  
Goal #4 \_\_\_\_\_

If you've worked with a trainer before, how did they **help or hinder** you in meeting your goals?

Goal #1 \_\_\_\_\_  
Goal #2 \_\_\_\_\_  
Goal #3 \_\_\_\_\_  
Goal #4 \_\_\_\_\_

Today's Date \_\_\_\_\_

Date for re-assessment \_\_\_\_\_

# PERSONAL TRAINING CLIENT INTAKE FORM

In order to maximize the effectiveness and safety of your exercise sessions, please take the time to carefully fill out this questionnaire. This information will be treated confidentially. Your feedback will be appreciated during and at the end of the session to help in tailoring the session to serve in the best way possible.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact #(s): \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you worked with a personal trainer before? \_\_\_\_\_

If you are currently taking any medication please list the medication and its purpose:

Do you have Low Back Pain?	Yes	No
Do you have dizziness?	Yes	No
Are you pregnant?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have high cholesterol?	Yes	No
Do you have Asthma?	Yes	No
Do you have Cancer?	Yes	No
Do you have Diabetes?	Yes	No
Do you have Muscle Injury?	Yes	No
Do you have Joint Injury?	Yes	No
Do you have or have you ever had a heart problem?	Yes	No
Have you ever had osteoporosis?	Yes	No
Have you ever had surgery or broken a bone?	Yes	No
Do you have rheumatoid arthritis?	Yes	No
Do you have any allergies?	Yes	No

Please explain yes to any answers (use back side if necessary).

Do you smoke? \_\_\_\_\_ Approximately how much? \_\_\_\_\_

Do you use alcohol or non prescription drugs? \_\_\_\_\_

About how many hours of sleep do you get daily? \_\_\_\_\_

I \_\_\_\_\_, understand that a personal trainer must be aware of existing physical conditions. I have stated all my known medical conditions and take it upon myself to keep the personal trainer updated on my physical health.

Signature \_\_\_\_\_ Date \_\_\_\_\_