

TRAINING PREFERENCES

We are committed to accommodating your requests/preferences below. Try to be as specific as possible. This allows us easier allocation of the correct trainer based on your needs.

YOUR NAME: _____ **Phone:** _____

E-MAIL: _____

I am interested in: WakeMed Personal Wellness Profile _____
(Select one)

*Several Personal Training sessions to get me started on my own _____

*Long-term Personal Training _____

If so, how many days per week? _____

I prefer (select one): Female trainer _____

Male trainer _____

No preference _____

(If you have a name of a trainer you would like to request, please indicate here _____)

I prefer (select one): Land exercise _____

Water exercise _____

Combination of water & land exercise _____

I am available for training: M T W TH F S Sun (please circle all that apply)

Best times of the day to train: _____(please specify hours)