



ITHACA COLLEGE

Office of Recreational Sports

New Client Assessment

Name: _____

Date: _____

E-mail: _____

Evaluated by: _____

Phone: _____

Trainer: _____

Age: _____

Training Level: _____

Faculty / Staff / Student (circle one)

Students Only: Year: _____

Major: _____

Did you exercise on a regular basis in the past?

What is your current workout routine, if you have one:

Goals for Personal Training

Desired Completion Date

1.)	
2.)	
3.)	

Time Availability:

Best way to be contacted:

Gender Preference of Trainer: NO preference Male Female

Note: If assigned to a trainer of the opposite sex you may request that your body fat assessment be conducted by a trainer of the same sex.

Package: One on one 4 sessions 7 sessions 10 sessions
 \$50 \$80 \$100

Package: Buddy Session 4 sessions 7 sessions 10 sessions
 \$35 each \$50 each \$70 each

IF YOU ARE 17 YEARS OF AGE OR YOUNGER:

Parent/Guardian:

Phone Number: