



## Interest Form

First Time Client  
ONLY

Please complete this form and give it to a Welcome Desk staff member. By answering the questions below, our Associate Fitness Director can help match you with a trainer who is right for you.

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ideal contact method: \_\_\_\_\_

### Tell us a little bit about you:

Goals / objectives for workout sessions: \_\_\_\_\_

\_\_\_\_\_

Workout schedule — best days and times to schedule:

\_\_\_\_\_

\_\_\_\_\_

Injuries/health concerns: \_\_\_\_\_

\_\_\_\_\_

Trainer preference (if any): \_\_\_\_\_

Other information we should know \_\_\_\_\_

\_\_\_\_\_

By signing below as a participant, I accept any and all responsibility for, and assume the risk of any and all injury or damage to my person which arises either directly or indirectly as a result of my participations in the YMCA programs, and hereby expressly release, discharge and hold harmless from any liability whatsoever the Downtown Berkeley YMCA Branch, the various branches and subdivision thereof as well as the officers, agents, employees, and servants thereof, in their private and individual capacities as representatives of the YMCA, whether salaried or voluntary, expressly including, but not limited to, the Fitness Council or the YMCA and the individual members thereof.

**I have read and understand this agreement.**

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

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

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

**Welcome Desk Staff: Return to Personal Training mailbox.**

