



Registration and Client Profile
REACH YOUR POTENTIAL!

Registration... It's easy

Please Print

Name: _____

Age: ____ **Date of birth (MM/DD/YYYY):** _____ **Sex:** F M

Address: _____ **City:** _____

State: ____ **Zip:** _____ **Cell Phone:** _____

Email: _____

Private Training options: Select one:

Private Training 8 sessions \$360 (2 x week/month): _____

Private Training Single Session \$50/hour: Number of sessions: ____ **x \$50 =** _____

Group training for 2: \$25 each _____

Group training for 4: \$15 each _____

Total: \$ _____

*Fees are non-refundable and non-transferable.

Pam Houck is not responsible for any accident or injury on client

Signature:

Registration form can be emailed or brought to your 1st meeting with Coach Pam.

Payments can be by check or Venmo app (Pamela Houck).. Check is payable to Pam Houck

If mailing registration form and paying by check, mail to:

Pam Houck

19 Glen Devin Street

Amesbury, MA 01913

Questions: Cell 978-697-5627

Email: pahouck@gmail.com

Look forward to training you to reach your goals.

USAT/RRCA/AFAP Instructor/PT Coach Pam Houck

This profile questionnaire is an assessment of your current fitness, capabilities, and goals. This gives us an understanding of your fitness of each sport to create the training program. If you are not sure leave it blank. Please Print

CURRENT WORKOUTS/HISTORY

What is your typical training week now (give some details: time of day, distance, workout type (speed or easy):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

What are you goals of the Personal Training?

1 _____

2 _____

3 _____

4 _____

5 _____

What injuries had in past or current and information the coach should know?
