

# TRAINING FORM

## Contact Information:

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

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

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

E-mail: \_\_\_\_\_

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

## Measurements:

Neck: \_\_\_\_\_

Chest: \_\_\_\_\_

Waist: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh R: \_\_\_\_\_

Thigh L: \_\_\_\_\_

Calf R: \_\_\_\_\_

Calf L: \_\_\_\_\_

Upper Arm R: \_\_\_\_\_

Upper Arm L: \_\_\_\_\_

Forearm R: \_\_\_\_\_

Forearm L: \_\_\_\_\_

Wrist: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

## Fitness Test:

Resting Heart Rate: \_\_\_\_\_

Flexibility (sit and Reach): \_\_\_\_\_

Push-ups: \_\_\_\_\_

Curl-ups: \_\_\_\_\_

3 Minute Step Test: \_\_\_\_\_

## Comments:

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