CANTON BARBELL

Remote Training Information

**Name: Age: DOB:**

**Email:**

**Phone:**

**Height: Starting Weight:**

**What weight training experience do you have?:**

**List any injuries/limitations/surgeries/or minor pains you experience:**

**List your main goals with training:**

**How many days per week are you looking to train?**

**How much time per day do you realistically have to train?**

**Approximately how much sleep do you average per night?**

**How would you describe your current nutrition habits?**

**Where will you be training?**

**List as many details as possible in each filed!**

**Please fill out and send back to** **poundforpoundfit@gmail.com**

**If you are training from home, please submit pictures of your equipment via text message to 3304149561**