

**UH Department of Campus Recreation
Personal Training Program
Participant Information Form**

Date: _____ Age: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home)
_____ (work) _____ (cell)

Email: _____

Circle One:

Student Alumni Faculty Staff

When are you available to meet with your trainer? Please list as many times as possible and be specific:
(Does not require commitment)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

“State law requires that you be informed of the following:

1. with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;
2. under sections 55.021 and 552.023 of the Government Code, you are entitled to receive and to review the information; and
3. under sections 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.”