

Client: _____ Phase: _____ Reassessment date: ____/____/____

Client Goals

- 1. _____
 - 2. _____
 - 3. _____
- _____
- _____
- _____

Training Guidelines

Company information and logo here

Program Breakdown

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Resistance training | | | | | | | |
| Cardiorespiratory training | | | | | | | |

Client: _____ Phase: _____ Reassessment date: ____/____/____

Cardiorespiratory Training Guidelines

Day 1:

Day 2:

Day 3:

Flexibility Guidelines
