


Session number:

PersonalTrainer



Name:		Surname:			Course:		
Test result:				Goal:			
Physical fitness test:							
Training method:							
Activity or exercise	Intensity	Repetitions/series	Volume	Rest	Total Volume	Time	Materials
							
Number of exercises	<u>Average Intensity</u>	Totals Rep / series	<u>Activity Volume</u>	Total rest	<u>Total Volume</u>	The total time of session	