

PERSONAL TRAINING



PERSONAL TRAINING REGISTRATON FORM

Member Number: _____

New Client Existing Client

Trainer: _____

Participant(s) Name _____ Date _____

Parent/Guardian Name: _____

Phone _____ Email _____

Training days per week (circle one): 1 2 3 4 5

Preferred Days and Times: _____

Preferred Trainer (if any): _____

Special Accommodations needed/training goals: _____

INDIVIDUAL

30 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 10 Sessions	\$29	\$290
<input type="checkbox"/> 5 Sessions	\$32	\$160

INDIVIDUAL

60 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 10 Sessions	\$42	\$425
<input type="checkbox"/> 5 Sessions	\$45	\$225
<input type="checkbox"/> 3 Sessions*	\$33	\$99

**First time client special only*

PAIRS

60 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 10 Sessions	\$63	\$630
<input type="checkbox"/> 5 Sessions	\$66	\$330

POLICIES AND GUIDELINES

- All packages must be completed no later than 3 months after the purchase date to avoid forfeiture of remaining sessions.
 - Expiration Date: _____
- Please be ready to begin your sessions at your scheduled time. Being late for a session may result in a shortened session for the full charge.
- As a professional courtesy, please give 24 hours notice to the instructor if you must cancel or reschedule, otherwise you will be charged for the session.
- All sessions must be completed at the same YMCA family center location where the sessions were purchased.

Client Signature: _____ Date: _____

STAFF USE ONLY Amount Paid: _____ Staff Name: _____ Date Paid: _____

Date Contacted: _____ First Session: _____ Notes: _____
