

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"/> 5 Sessions	\$31	\$153
<input type="checkbox"/> 10 Sessions	\$27	\$273

INDIVIDUAL

60 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 3 Sessions	\$33	\$99
<input type="checkbox"/> 5 Sessions	\$43	\$216
<input type="checkbox"/> 10 Sessions	\$41	\$406

PAIRS

60 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 5 Sessions	\$62	\$310
<input type="checkbox"/> 10 Sessions	\$60	\$600

WEEKLY

30 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 1 Session Week	\$32	\$32
<input type="checkbox"/> 2 Sessions	\$30	\$60
<input type="checkbox"/> 3 Sessions	\$27	\$81

WEEKLY

60 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 1 Session Week	\$45	\$45
<input type="checkbox"/> 2 Sessions	\$43	\$86
<input type="checkbox"/> 3 Sessions	\$40	\$120

NUTRITION DESIGN

30 MINUTE SESSIONS

Total Sessions	Per Session	Total Cost
<input type="checkbox"/> 3 Sessions (60 MIN)	\$33	\$99
<input type="checkbox"/> 5 Sessions	\$43	\$216
<input type="checkbox"/> 10 Sessions	\$41	\$406

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: _____