

PERSONAL TRAINING REGISTRATION PACKET

Rates

*Sessions are 45–60 minutes and include a free initial assessment

SESSIONS	RETURNING CLIENT	NEW CLIENT
5	\$135	\$150
10	\$270	\$300

Dear Member,

Congratulations! You have just taken the first step toward an excellent personalized fitness program. Here are the next steps in the process:

1. The registration process must be completed prior to training.

The registration process includes completing this registration packet, payment for sessions received and recorded, and completing any other requested information.

2. The Personal Trainer will be notified of your registration in the personal training program and will then contact you to schedule your initial assessment. The initial assessment is where you will complete a PAR-Q+ as well as a lifestyle/health history questionnaire. You may be asked to obtain a doctor's clearance based on your health screening form, before you can begin the program.

5. When you come to your training session, please be dressed to workout. Wear comfortable clothes and tennis shoes, bring water, and do not work out before your appointment.

The role of an Adair County Family YMCA Certified Personal Trainer is one of an educator and supporter. Their job is to provide you with the tools needed to make positive lifestyle changes through proper information, education, and support. We wish you the best of luck with your new program. Thank you for your interest in our program. If you have any further questions, please feel free to contact the YMCA at any time.

Adair County Family YMCA

1708 S. Jamison

Kirksville, Missouri 63501

(660) 665-1922

PERSONAL INFORMATION FORM

Name: _____ **Sex:** _____ **Age:** _____

Home Address: _____

Phone: _____

E-mail: _____

Package Purchased

____ 3 Sessions ____ 5 Sessions ____ 10 Sessions

Are you a returning client? ____ Yes ____ No

Training Preferences

Preferred days/times to meet with your trainer: _____

Fitness Goals:

Please give a brief explanation of why you joined this program: _____

INFORMED CONSENT

I, _____, am committed to making a positive change in my health through participation in the Adair County Family YMCA Personal Training Program. I understand that certain elements of this program may be physically demanding and that I may need to modify aspects of my lifestyle in order to achieve the goals I have set for myself.

I recognize that, as with any physical activity, participation in this personal training program involves some risk. I fully accept and assume all such risks.

I understand that any fitness evaluation and/or assessment conducted by an Adair County Family YMCA employee is not a substitute for a diagnostic evaluation by my physician. These assessments are solely intended to establish baseline fitness parameters to help guide the development of my personal fitness program. I agree to consult my physician for further evaluation or medical care as needed.

I acknowledge that activities associated with the Adair County Family YMCA Personal Training Program involve inherent risks. I hereby assume all risks and hazards related to my participation in any Adair County Family YMCA activities. Furthermore, I voluntarily waive, release, absolve, indemnify, and hold harmless the Adair County Family YMCA, its staff, personal trainers, volunteers, supervisors, officers, directors, participants, coaches, referees, and anyone involved in transporting participants to and from activities from any claims or liabilities arising from injuries sustained during my participation.

I have read this waiver and understand it.

Signature _____ Date _____

If under 18, Parent/Guardian Signature _____ Date _____

Personal Training Guidelines

- 1.** The training session is conducted at the Adair County Family YMCA; all facility guidelines must be followed.
- 2.** Only the designated client can work with the employed Adair County Family YMCA Personal Trainer.
- 4.** All paperwork and payment must be completed before the sessions begin.
- 5.** If the PT member cannot meet for a scheduled session, a 24-hour notice must be given to the personal trainer, or the client forfeits the session. An appointment “no show” will count as a session serviced.
- 6.** If a trainer cannot meet for a scheduled session, 24-hour advanced notice will be given to the PT member.
- 7.** Trainers will wait up to fifteen (15) minutes past the scheduled session time for a PT member. The amount of time that a PT member is late will be deducted from the scheduled session.
- 8.** Personal training packages will only be refunded if the member were to move out of the area or has a doctor’s note. In the case of emergencies, exceptions can be made, as agreed upon between the member and the Program Director.
- 9.** Personal training packages expire 12 months after the purchase date.

Signature _____ Date _____

Personal Trainer Signature _____ Date _____