



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Trainer Registration Form : Please Print

Name _____

DOB _____

Address _____

Zip _____

Home /Mobile Number _____

Email Address _____

Please Assign a Trainer OFFICE USE: - ASSIGNED TO _____

Individual Session Rates: _____ 30 Minute Session (\$38)

_____ 60 Minute Session (\$60)

*****SAVE WITH THE PURCHASE OF A TRAINING PACKAGE*****

30 Minute Session Package Rates

_____ 4 Sessions: \$134 (\$33.50/session)

_____ 8 Sessions \$240 (\$30.00/session)

60 minute Session Package Rates

_____ 4 Sessions \$220 (\$55.00/session)

_____ 8 Sessions \$400 (\$50.00/session)

Assessments & Specialty Programming:

_____ Firestarter: New Member Special \$89 (\$30/session)

_____ Merry Fitness: Holiday Special \$89 (\$30/session)

_____ Assessment or Program Update \$40

***Prices are effective November 1, 2020. Prices are subject to change. Please note, 2020 Pricing has been REDUCED.**

Please initial each space below, Sign & Date.

_____ A **36-hour notice** is required for cancellation or rescheduling of sessions. Sessions are marked as "redeemed" if the scheduled session is missed or if the trainer fails to receive a 36-hour notice.

_____ Sessions are **paid in full, non-refundable after 15 days of purchase, and to be completed within 90 days** of the date of purchase, unless otherwise specified (ex: Merry Fitness). Extensions are granted due to medical or emergency at the discretion of the Branch Director or Executive Director of Healthy Lifestyles.

_____ Personal training sessions are for members only. Unused training packages become invalid and there are no refunds if a membership is cancelled.

The YMCA of the Capital Area does not provide accident or medical insurance for members. I recognize that participation in YMCA sponsored activities may expose myself to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself to an appropriate facility for treatment. As a YMCA participant, I authorize the Y to use any images taken of myself for promotional purposes of the Y. **I have read and understand the above information.**

(Signature of Participant)

(Date)

Rev.11/20