



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MOTIVATE. EMPOWER. SUCCEED.

PERSONAL TRAINING

HARRISON FAMILY YMCA

Benefits of Working with a Trainer:

- Individual attention
- Personalized program tailored to individual goals
- Structured, safe and effective workouts
- Yoga Sessions enhance your experience with intensive guidance and support

Trainer Qualifications:

- All Trainers are certified by nationally accredited fitness associations.
- Our trainers have experience working with a wide range of clients
- Some trainers are qualified to address specific health issues such as Type II Diabetes, Hypertension, Osteoporosis, Arthritis, etc.

Rates:

Regular Personal Training or Private Yoga Sessions	Individual Member	Community Participant
Single Session	\$35/hour	\$40/hour
Five Sessions	\$150	\$175
Ten Sessions	\$275	\$300
Consultation	\$35/hour	\$40/hour



Other Information:

- Consultations may be used to discuss goals, perform fitness evaluations and discuss nutrition information.
- If a client must cancel, they must notify the trainer directly at least 12 hours in advance or it could result in forfeiting a session.
- Sessions must be used within 6 months of purchase date, or they will be forfeited.
- In the case of cancellation by the participant, 15% of the program fee will be non-refundable.

Personal Training Registration Form

Participant's Name _____ Date of Birth _____
 Address _____ City/Zip _____
 Home Phone _____ Work Phone _____
 Emergency Contact Name _____ Phone Number _____
 Number of sessions: _____ Individual Member Member Partner Community Participant
 Trainer Name (for returning clients) _____ Current/Desired Days & Times _____

I understand and agree that neither the Harrison Family YMCA nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Participant's Signature _____ Date _____