



# PERSONAL TRAINING REQUEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## EMERGENCY

CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE PT PROGRAM:  YMCA PROGRAM GUIDE  PT BROCHURE

COMMIT TO BE FIT  SPECIAL EVENT  MEMBER\*  FRIEND\*  OTHER \_\_\_\_\_

(\*Please provide name and address of any member/friend so we may thank them for their referral)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

SPECIFIC DAYS & TIMES AVAILABLE TO TRAIN: \_\_\_\_\_

TRAINER PREFERENCE: MALE/FEMALE/NONE (Circle One) SPECIFIC: \_\_\_\_\_

I consider my fitness level: Beginner/Intermediate/Advanced (Circle One)

Physical Restrictions or Medical Complications: \_\_\_\_\_

Goals and Objectives: \_\_\_\_\_

Exercise History (Past 6 months): \_\_\_\_\_

## ***PAYMENT PROCEDURE AND AGREEMENT GUIDELINES***

- \* Packages must be paid in full prior to training.
- \* Members must notify the trainer 24 hours in advance to reschedule a session or will be charged the full cost of the session.
- \* If the Personal Trainer cancels a session less than 24 hours in advance, the member will receive a FREE session in addition to the rescheduled session.
- \* There is a limitation on allowable 24 hour excused absences (2 per package of 6, 3 per package of 12, 4 per package of 18).
- \* Regardless of the arrival time, sessions will end at the scheduled time.
- \* All session packages are non-refundable and non-transferable.
- \* Package of 6 will expire 2 months from the first day of the training session. (Package of 12, expires within 3 mo/18 within 4mo.)
- \* Non-Leaning Tower YMCA members will pay a higher price for packages (Program Member prices listed in brochure).
- \* Trainers may not be available immediately. One week lead time may be needed to secure a trainer.

I, \_\_\_\_\_ have read the above and understand and accept these policies as they relate to the Leaning Tower YMCA and personal training sessions concerning procedures and payment.

Acknowledged and agreed: \_\_\_\_\_ Date: \_\_\_\_\_

(Client Signature)