



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL TRAINING Rates and Fees

All programs are Paid In Full, non-refundable,
and to be utilized within 60 days of purchase*

MEMBER INDIVIDUAL RATES

60 Minute Sessions..... \$60

30 Minute Sessions..... \$38

MEMBER PACKAGE RATES

8 Session Package

60 Minute Sessions..... \$425

30 Minute Sessions.....\$268

SMALL GROUP RATES

8 Session Package

60 Minute Sessions

(2-4 people)

Per Person.....\$296

*Extensions may be granted
due to medical reasons and
will be at the discretion of
the Wellness Director and/or
Executive Director





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Personal Trainer Registration Form (First time participants only)

Name _____ DOB _____
Address _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____

Member Individual Session Rates:

_____ 60 Minute Session (\$60)
_____ 30 Minute Session (\$38)

Member Package Rates: (8 Sessions):

_____ 60 Minute Session (\$425)
_____ 30 Minute Session (\$268)

Small Group Session Rate: (Paid in full) 2—4 people

_____ Eight 60 Minute Sessions (\$296 per person)

Preferences and Signatures:

_____ Check if you would like a trainer assigned to you. Trainer Preference: ? _____ Male _____ Female

Days/weeks you prefer to train _____ Time of day desired _____

Do you have any specific goals or needs you would like to address?

A **36-hour notice** is required for cancellation or rescheduling of sessions. Sessions will be counted as "used" if the scheduled session is missed or if the trainer fails to receive a 36-hour notice.

Sessions are to be completed within 60 days of the date of registration. Extensions are granted due to medical or emergency purposes and at the discretion of the Wellness Director and/or Executive Director of Wellness.

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)