



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY

Receipt # _____

Date _____

Staff Initials _____

PERSONAL TRAINING

Participant: _____ Male / Female

Date of Birth: ___/___/___ Ethnicity: Caucasian African American Hispanic Asian Mixed Other

Address: _____ City/State: _____ Zip: _____

Phone Number: Primary: _____ Secondary: _____

Email: _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Special Requests/Health Needs: _____

Medication(s): _____

***Yes/No** I opt in to be added to 'Remind Me' to get text information regarding the program.

Phone #: _____ Carrier: _____

****Unused Sessions Expire 6 Months From Purchase****

	One Session	6 Sessions	10 Sessions
One Person	<input type="checkbox"/> \$37/\$52	<input type="checkbox"/> \$200/\$290	<input type="checkbox"/> \$310/\$460
2 People	<input type="checkbox"/> \$27/\$42 person	<input type="checkbox"/> \$160/\$190 person	
3 People	<input type="checkbox"/> \$22/\$37 person	<input type="checkbox"/> \$130/\$175 person	
4 People	<input type="checkbox"/> \$17/\$32 person	<input type="checkbox"/> \$100/\$160 person	

Trainer? No Yes Trainer: _____

Waiver of Liability

I hereby certify that my child is (or I am) in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____

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