



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

# PERSONAL TRAINING

Participants Name: \_\_\_\_\_ Male / Female

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: Caucasian African American Hispanic Asian Mixed Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell(1): \_\_\_\_\_ Cell(2): \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact #1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Requests/Health Needs: \_\_\_\_\_

Medication(s): \_\_\_\_\_

	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	Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3 People	<input type="checkbox"/> \$22/\$37 person	<input type="checkbox"/> \$130/\$175 person	Trainer: _____
4 People	<input type="checkbox"/> \$17/\$32 person	<input type="checkbox"/> \$100/\$160 person	

**\*\*UNUSED SESSIONS EXPIRE SIX MONTHS FROM PURCHASE\*\***

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: \_\_\_\_\_