

ACHIEVE YOUR FITNESS GOALS



PERSONAL TRAINING

OUR APPROACH

With YMCA Personal Training, you will receive the greatest opportunity to succeed in making lasting changes to your lifestyle. Our nationally-certified Personal Trainers design a personalized program to meet your specific goals, whether it be weight loss, muscle gain, general fitness or to change up your normal work-out routine.

The only thing that stands between you and what you want out of life is the will to try – and faith to believe it's possible.

– Rich DeVos

**ONE-ON-ONE and
Group sessions
available**

- ▶ **Certified Personal Trainers**
- ▶ **Fitness Assessments**
- ▶ **Goal Setting**
- ▶ **Personalized Fitness Plan**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Twin Rivers YMCA

100 YMCA Lane, New Bern, NC 28560
trymca.org • 252-638-8799

TWIN RIVERS YMCA Personal Training Registration Form

CURRENT MEMBER (circle one) YES NO

NAME _____ MEMBER NUMBER _____

EMAIL _____ PHONE _____

EXISTING CLIENT? YES NO (IF YES, WHO ARE YOU TRAINING WITH?) _____

(IF NO, DO YOU HAVE A TRAINER PREFERENCE?) _____

Session Type	30 MINUTES	45 MINUTES	60 MINUTES	QTY	TOTAL
4 Sessions	\$125	\$170	\$230		
8 Sessions	\$230	\$315	\$400		
12 Sessions	\$300	\$450	\$540		

Small Group Training 2-5 participants *Price per person (30 minutes)			
4 Sessions		\$100	
8 Sessions		\$175	
12 Sessions		\$250	

SELECT TIME & DATE PREFERENCE (CIRCLE ALL THAT APPLY)

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY
 EARLY AM (5:00AM-7:00AM) AM (7:00AM-11:00AM) AFTERNOON (11:00AM-4:00PM) PM (4:00PM-7:00PM)

SESSION EXPIRATION POLICY: I understand that all sessions purchased on this transaction will expire 6 months after purchase.

REFUND/TRANSFER POLICY: I understand that the YMCA has a no refund policy. I understand there is a 24 hour cancelation policy. This policy states if I do not cancel my appointment within 24 hours then I will still be charged for the appointment. I also understand that sessions purchased will expire six months from the date of purchase. Details of the policy are available at the Member Services Desk.

MEDICAL WAIVER: In the event that I require emergency medical treatment and my emergency contact cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact I require the attention of a physician.

WAVIER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

I AGREE THAT I HAVE READ THE INFORMATION ABOVE:

SIGNATURE _____ DATE _____

please allow 24-48 hours for processing

YMCA STAFF ONLY

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY
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PLEASE SCAN AND EMAIL REG FORM AT TIME OF PURCHASE < ttefft@trymca.org >