

CHASCO/Hutto Personal Training Registration Form 2020

the **CURRENT MEMBER:** YES NO **BRANCH:** CHASCO Hutto

NAME _____ **MEMBER NUMBER** _____
EMAIL _____ **PHONE** _____

EXISTING CLIENT? YES NO
IF YES, WHO ARE YOU TRAINING WITH?
IF NO, TRAINER PREFERENCE (CHOOSE FROM LIST AT FRONT DESK):

SESSION TYPE	PRICE		QTY	TOTAL
	YMCA MEMBER	NON-MEMBER		
30 MIN. SESSION	\$26.00	\$46.00		
1 SESSION (50 min)	\$52.00	\$72.00		
4 SESSIONS (50 min)	\$180.00	\$280.00		
6 SESSIONS (50 min)	\$255.00	\$365.00		
12 SESSIONS (50 min)	\$458.00	\$568.00		
1 Buddy Training Session (60 min)	\$60.00	\$80.00		
6 SESSIONS (30 min)	\$140.00	\$240.00		
12 SESSIONS (30 min)	\$280.00	\$380.00		
4 Buddy Training Sessions	\$220.00	N/A		
LesMills Technique Session	\$30.00	N/A		
Senior Fitness Evaluation (30 min)	\$23.00	\$53.00		

MISSION FITNESS				
LIMIT ONE PER MEMBERSHIP LIFETIME.				
MISSION FITNESS (50 min) *These session cannot be split*	\$157.00	N/A	4	

PLEASE LIST ANY SPECIAL CIRCUMSTANCES:

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)		EVENINGS (7:00PM-9:00PM)

SESSION EXPIRATION POLICY: I understand that all sessions purchased on this transaction will expire on **December 31, 2020**.
REFUND/TRANSFER POLICY: I understand that the YMCA has a no refund policy. I understand there is a 24 hour cancellation policy. This policy states if I do not cancel my appointment within 24 hours, then I will still be charged for the appointment.
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.
I AGREE THAT I HAVE READ THE INFORMATION ABOVE:

SIGNATURE _____ **DATE** _____

PLEASE ALLOW 24- 48 HOURS FOR PROCESSING FOR STAFF USE ONLY				
STAFF NAME (PLEASE PRINT FULL NAME)	DATE	Added in ActivTrax – Y or N	AMOUNT PAID \$	PAYMENT VERIFIED