



TWIN LAKES Personal Training Registration 2020

CURRENT YMCA MEMBER: YES NO **ARE YOU A NEW PT CLIENT?** YES NO

NAME: _____ **MEMBER NUMBER:** _____

EMAIL: _____ **PHONE:** _____

SELECT YOUR TRAINER:

- | | |
|--|--|
| <input type="checkbox"/> Marne Litton :512-294-6760 | <input type="checkbox"/> Mary Holder: 512-569-5955 |
| <input type="checkbox"/> Jaime Johnson: 512-293-2963 | <input type="checkbox"/> Chance Willoz: 512-552-7552 |
| <input type="checkbox"/> Jana Seitz: 512-658-0502 | <input type="checkbox"/> Judy Hendricks: 512-633-6017 |
| <input type="checkbox"/> Amy DelRe: 896-8720 | <input type="checkbox"/> Sharon Zambriski-Cooper: 512-608-2474 |

IF NO, TRAINER PREFERENCE:

SESSION TYPE	PRICE		CODE	QTY	TOTAL
	YMCA MEMBER	NON-MEMBER			
1 SESSION	\$47.00	\$67.00	513		
6 SESSIONS	\$246.00	\$354.00	514		
12 SESSIONS	\$438.00	\$631.00	515		

BUDDY TRAINING

1 SESSION - Buddy Session	\$57.00	\$72.00	516		
6 SESSIONS - Buddy Session	\$300.00	\$381.00	557		
12 SESSIONS - Buddy Session	\$534.00	\$678.00	558		

BUDDY TRAINING?

NAME (Participant 2): _____ **MEMBER NUMBER:** _____

SIGNATURE (Participant 2) _____

TEENS IN TRAINING (1 private session)

1 SESSION	\$47.00		CC:19FIT		
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PARENT SIGNATURE and NAME OF CHILD: _____

MISSION FITNESS (4 sessions)

LIMIT ONE PER MEMBERSHIP LIFETIME.

MISSION FITNESS	\$157.00	NA	555		
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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. There is a NO REFUND policy on Personal Training, however you can transfer the credit to any FITNESS program within a 12 month period. All PT sessions have a 12 month expiration.

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	AMOUNT PAID \$	PAYMENT VERIFIED