



Personal Training

SELECT YOUR TRAINER

Certified Personal Trainers

- Teri Bristow 830-798-5193 tjbristow@msn.com
- Cari Mills 830-385-6156 lilshelbyangel@yahoo.com

TRAINING PREFERENCES (NEW CLIENTS)

How many sessions per week? _____ Time of Day? Morning Afternoon Evening
 Preferred day of the week? _____ Preferences are not guaranteed

SESSION TYPE	PRICE		CODE	QTY	TOTAL
	YMCA MEMBER	NON-MEMBER			
1 SESSION or Personal TNT	\$37.00	\$46.00	19FIT		
4 SESSIONS	\$128.00	\$160.00	555		
6 SESSIONS	\$192.00	\$239.00	19FIT		
12 SESSIONS	\$384.00	\$478.00	19FIT		
BUDDY TRAINING					
1 SESSION or TNT 2 KIDS	\$47.00	\$58.00	19FIT		
4 SESSIONS	\$170.00	\$212.00	555		
6 SESSIONS	\$255.00	\$318.00	19FIT		
12 SESSIONS	\$510.00	\$636.00	19FIT		

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.

NAME _____ MEMBER NUMBER _____
EMAIL _____ PHONE _____

PARTICIPANT 2 (BUDDY TRAINING)

NAME _____ MEMBER NUMBER _____
EMAIL _____ PHONE _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

FOR STAFF USE ONLY

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STAFF NAME	DATE	AMMOUNT PAID	PAYMENT VERIFIED
ASSIGNED TO	ASSIGNED BY	DATE	

SIGNATURE	DATE
SIGNATURE PARTICIPANT 2	DATE