

ACHIEVE YOUR FITNESS GOALS



PERSONAL TRAINING

PACKAGE RATES FOR INDIVIDUAL Personal Training, *Nutritional Consulting or Combination of both.

5 SESSIONS

Member: \$170

Non-member: \$250

10 SESSIONS

Member: \$320

Non-member: \$470

15 SESSIONS

Member: \$455

Non-member: \$675

20 SESSIONS

Member: \$580

Non-member: \$840

SESSION AND BODY ASSESSMENT RATES

SESSION (1 hour)

*Nutrition (Member) \$40 / (Non-member) \$55

Individual (Member) \$40 / (Non-member) \$55

Couple (Members) \$55 / (Non-members) \$70

*30 min. session would be half of the listed price

BODY ASSESSMENT RATES (Weight, Height, Body Fat %, Measurements)

Member \$25 / Non-Member \$50

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

*Nutritional Consulting available only by one of the certified nutritional coaches.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Washington County

520 W 5th St.

www.washingtony.org • 319-653-2141

Personal Training Registration Form 2024

CURRENT MEMBER (circle one) YES NO BRANCH Washington Wellman Kalona

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	YMCA Member	Non-Member	Qty	Total
1 Session (Nutrition)	\$40	\$55		
1 Session (Individual)	\$40	\$55		
1 Session (Couple)	\$55	\$70		
5 Sessions	\$170	\$250		
10 Sessions	\$320	\$470		
15 Sessions	\$455	\$675		
20 Sessions	\$580	\$840		
Body Assessment	\$25	\$50		

SESSION EXPIRATION POLICY: I understand that all sessions purchased on this transaction will expire on December 31 of issue year.

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. I also understand that sessions purchased will expire one year 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 _____

YMCA STAFF ONLY

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY