Personal Training & Fitness Assessment Form

I am interested in: (please circle one or both)

Personal Training		Fitness	s Assessment	
Name:				
Date:		<u>-</u>		
Home Phone: ()				
Cell Phone: ()				
Email Address:			_	
Trainer Preference:	Male	Female	Specific Trainer:	
I consider my fitness level:				(Name)
Starter Intermediate	A	Advanced		
Goals & Objectives:				
Past Exercise History:				
Any Physical Limitation(s):				

Payment Procedures and Agreement for Personal Training

- Package must be paid in full prior to the start of any training session.
- Less than 24 hour notice will result in the charge of one training session.
- Training sessions are based on 1 hour time session.
- All training sessions are non-refundable & must be completed within one year of purchase date.

# of session	Individual Training	Partner Training (2 people only)			
1 session	\$40	\$50			
3 sessions	\$115	\$145			
6 sessions	\$220	\$275			
12 sessions	\$420	\$525			
Participant Signature:					
West Chinese Bad Bistist Chaff					
West Chicago Park District Staff					
Data					
Date:					