

MONTHLY PERSONAL COACHING PACKAGE AUTHORIZATION FORM

I, _____ authorize Jana Young to make monthly charge to my provided credit card account for the amount of _____ .00 monthly beginning, _____, 20__ and continuing monthly for a period of 6 months. The total of all payments will be _____ .00.

I have decided to work with my trainer at the rate of \$60.00 per 50 minute session plus tax and set-up fees, _____ times each week for a period of _____ months.

I understand that I have the full 30 days to utilize all of my training sessions and further acknowledge that it is my responsibility to schedule my sessions accordingly with my selected trainer.

PAID IN FULL PERSONAL TRAINING PACKAGES

CUSTOM DESIGNED SESSION PLAN

Number of Sessions: _____ Cost of Sessions: _____
 Payment: _____ Tax: _____ Total: _____ Payment Method: _____
 Start Date: _____ Ending Date No Later Than: _____

Payment Method: Check / Cash / Visa / MC / AMEX / DISC
 Credit Card Number _____ Exp Date _____ CVVN _____
 Card Billing Address _____
 City: _____ State: _____ Zip: _____

CANCELLATION POLICY

Sessions that are canceled with less than twenty four (24) hours notice are charged at the full session rate.
 If at any time I choose to cancel this agreement, I agree to pay the balance due on all sessions conducted at the above designated level trainer, single session rate.
 The current level single session rate is (\$60). I understand that any balance due will be charged via Credit Card at the time of cancellation.

WAIVER

I, the undersigned, accept full responsibility for my use in any and all apparatus, appliances, programs, facility privilege or service whatsoever, owned and operated at, in, or by JanaYoung; further, I will hold Jana Young, its directors, officers, employees, consultants, representatives, members and agents harmless from any and all loss, claim, damage, liability or injury up to and including death sustained or incurred by me resulting from them. I have informed my physician of my intent to pursue personal training and have his approval or have provided this club with a physician's release form if applicable. I understand that Jana Young and employees, staff, and consultants are not responsible for my actions, and that if I am in doubt at any time about any part of my fitness training or recreation, I will consult my personal physician.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

yes	no	
		1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?
		2. Do you have chest pain brought on by physical activity?
		3. Have you developed chest pain at rest in the past month?
		4. Do you lose consciousness or lose your balance as a result of dizziness?
		5. Do you have a bone or joint problem that could be aggravated by physical activity?
		6. Is your doctor currently prescribing medication for your blood pressure or heart condition? (e.g.: diuretics or water pills)
		7. Are you aware, through your own experience or a doctor's advice, of any other reason against you exercising without medical approval?

If you answered YES to one or more questions... if you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all questions... If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.

Name: _____ Date: _____

Signature _____

Trainer: _____ Date: _____

