



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BASKETBALL

ONE ON ONE PERSONAL TRAINING

Trainer-Kyle Roberts

CONTACT:

DAWN REVOIR

325.695.3400

DREVOIR@ABILENEYMCA.ORG

1 1Hr. Session

Member \$25 Non-Member \$35

5 1Hr. Sessions

Member \$110 Non-Member \$150

10 1 Hr. Sessions

Member \$ 210 Non-Member \$300

Request for Personal Training:

Name(s): _____ Phone: _____ Email: _____

Trainer: _____ Preferred Time(s): _____

Preferred Day(s): M T W TH F Sat Sun

Session Selection:

Individual:

1 Hour

1 session 5 sessions 10 sessions

Personal Training Guidelines:

1. Training must be paid for, in advance, prior to setting any appointments with trainer.
2. All regularly priced sessions must be used within ninety days (90) of purchase date. After 90 days, neither the trainer nor the YMCA is obligated to the client for the remaining sessions. Note: Any exception to this may be considered upon written re-quest and YMCA approval.
3. Any special promotions expire in the fiscal year in which they were purchased.
4. Any cancellations (by either party, the YMCA member or personal trainer) must be made at least 24 hours in advance; however, either party may adjust this with prior written agreement.
5. If a 24 hour notice of cancellation by the member is not given, member will be charged for that session. For group trainings, if any group member misses a session, that member will be charged regardless of cancellation notice: if the rest of the group continues to meet.
6. No refunds will be made unless member becomes disabled and unable to participate in personal training sessions for 30 or more consecutive days. Such disability must be documented by a physician.
7. Unused sessions may be transferred to a family member or another member upon written request and YMCA approval.
8. We will not be able to accommodate allowances for late arrivals due to scheduling of other appointments. i.e. if member has a 10 a.m. appointment for a one hour training session and arrives at 10:10, the training session will still end at 11 a.m.

I have read and agree to the above mentioned Personal Training Guidelines.

Signature of Y Member

Date

Staff Section:

Staff Initials: _____ Date: _____

Receipt #: _____ Amount: \$ _____

of Sessions: _____ Attached copy of receipt

Given to Wellness Director