



AT THE LEAGUE 

# Personal Training Application

Need a little help staying focused, or need that extra push? The Wellness Center is now offering personal training on the floor and in the water!

Each training session includes:

- A comprehensive evaluation to assess client's specific needs & goals
- Strength & cardiovascular endurance training
- Range of movement, flexibility, and motor skill development

We offer:

- Short- and long-term training
- Programs for basic and advanced fitness clients, including:  
Post-rehabilitation • Special needs • Sport performance clients

Below, tell us a little about yourself, and what it is you're looking to accomplish. We'll match you with a compatible trainer and get you started on your way to a new you!



**Contact Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Gender: M F

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ He/She is my: \_\_\_\_\_

**Medical History (if applicable)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please circle all that apply below:**

I would like a trainer for the: Gym Water Both  
 I would like my trainer to be: Male Female Don't Care  
 I would like to work out weekly: 1x 2x 3x 4x 5x 6x  
 I prefer training in the: Mornings Afternoons Evenings  
 My best days are: Mon. Tues. Wed. Thurs. Fri. Sat.

**My Workout Goals:**

While working with a trainer, I hope to: \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER & CANCELLATION POLICY:**

I understand that The League for People with Disabilities, Inc. assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in an exercise program, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs/clients that I assume the risk for any and all injuries or illnesses which may result from these activities. I hereby release and discharge The League, its agents, assigns, and/or employees from any and all claims for injury, illness, death, loss, or damage which I may suffer as a result of my participation in these activities.

I understand that The League is not responsible for personal property lost or stolen while members and/or program participants are using The League facilities or are on The League property.

All participants must pay in advanced for scheduled sessions, and The League maintains a 24-hour cancellation policy on the part of both participant and trainer. In the event that the client must cancel inside of the 24-hr window, they will be charged for the full session; if the trainer must cancel within the 24-hr. window, the client will be given one free session. There will be *no refunds.*

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Signature of Trainer Date

**Personal Training is based on a 60-minute session:**

1 Session	6 Sessions	10 Sessions	16 Sessions
\$40.00	\$195.00	\$300.00	\$415.00
—	You save \$45!	You save \$100!	You save \$225!
Use within 14 days	Use within 45 days	Use within 60 days	Use within 90 days



Payment Information:    Cash      Check # \_\_\_\_\_    Credit Card    VISA    MC    Amount: \$ \_\_\_\_\_

Session #	Date	Time	Cost	Trainer's Notes
1	_____	_____	<u>FREE</u>	_____ _____ _____
2	_____	_____	_____	_____ _____ _____
3	_____	_____	_____	_____ _____ _____
4	_____	_____	_____	_____ _____ _____
5	_____	_____	_____	_____ _____ _____
6	_____	_____	_____	_____ _____ _____
7	_____	_____	_____	_____ _____ _____
8	_____	_____	_____	_____ _____ _____
9	_____	_____	_____	_____ _____ _____
10	_____	_____	_____	_____ _____ _____
11	_____	_____	_____	_____ _____ _____
12	_____	_____	_____	_____ _____ _____
13	_____	_____	_____	_____ _____ _____
14	_____	_____	_____	_____ _____ _____
15	_____	_____	_____	_____ _____ _____
16	_____	_____	_____	_____ _____ _____
17	_____	_____	_____	_____ _____ _____