



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NUTRITIONAL SERVICES – PERSONAL AND SMALL GROUP TRAINING PRICING AND CONSENT FORM

Name _____
(Print)

Mobile Number _____

Email Address _____

DOB _____

NUTRITIONAL SERVICES: 60 Minute Initial Consult: \$60

30 Minute Follow Up Sessions: \$38

PERSONAL TRAINING RATES

30 Minutes Sessions

1 Session: \$38
4 Sessions: \$134
8 Sessions: \$240

Specialty Programming & Packages :

Fired Up Small Group Training \$20/mo.*
Firestarter: New Member Special (3) 30-min session \$89
Merry Fitness: Holiday Special (3) 30-min sessions \$89
Private Group Fitness Class: \$60

60 minute Sessions

1 Session \$60
4 Sessions \$220
8 Sessions \$400

*Offered at A. C. Lewis and Paula G. Manship YMCA –Unlimited

Please initial each line below; Sign & Date at the bottom

_____ Sessions are **paid in full, non-refundable after 15 days of purchase, and to be completed within 90 days** of the date of purchase, unless otherwise specified (ex: Merry Fitness or a trainer is not immediately available). Extensions are given due to medical reasons and at the discretion of the Executive Director of Healthy Lifestyles.

_____ A 36-hour notice is required to cancel or reschedule a session. Participants must contact the Trainer or Dietitian. Sessions are "redeemed" if the scheduled session is missed or if a 36-hour notice is not provided.

_____ When a membership or program membership is cancelled, any unused balances/vouchers will automatically expire.

The YMCA of the Capital Area does not provide accident or medical insurance for members. I recognize that participation in YMCA sponsored activities may expose myself to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself to an appropriate facility for treatment. As a YMCA participant, I authorize the Y to use any images taken of myself for promotional purposes of the Y. **I have read and understand the above information.**

(Participant Signature or Legal Guardian if under 18)

(Date)

BRANCH USE : (Mark all that apply): Member must have an updated consent on file within a 12 month period.

_____ **Private Class Purchased:** This Form is to be returned to the Branch Wellness Director if solely for Private Class Purchase.

_____ Member's updated **Annual Consent**

_____ **Fired Up Participant**

_____ Member is currently working with Dietitian

_____ **Trainer Name:** _____

MEMBER SERVICES DIRECTORS: SCAN INTO THE MEMBER'S PERSONIFY ACCOUNT

Rev. AUGUST 12, 2021