



# Personal Training and Private Exercise Instruction

## Request Form

(Please Print)

Participant's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

If participant is a minor: Age - \_\_\_\_\_ Parent/guardian's name(s): \_\_\_\_\_

Guardian's contact phone numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Training Plans and Rates			Purchased Package		
		Resident	Non-Resident	(Cashier's Initials)	
Individual	½ or 1 Hour – Evaluation or Assessment	\$30 ½ Hour or \$60 1-Hour	\$35 ½ Hour or \$70 1-Hour	<input type="checkbox"/> ½ Hr	<input type="checkbox"/> 1 Hr
	(4) 1 Hour or (8) ½ Hour Sessions	\$220	\$260	<input type="checkbox"/>	
	(8) 1 Hour or (16) ½ Hour Sessions	\$400	\$480	<input type="checkbox"/>	
Small Group (2-4 People)	1 Hour Session	\$100	\$110	<input type="checkbox"/>	
	(4) 1 Hour Sessions	\$360	\$400	<input type="checkbox"/>	
	(8) 1 Hour Sessions	\$640	\$720	<input type="checkbox"/>	

Is this a renewal package?  **YES** - Renewal within last 3 months  
 **NO** - Never purchased before or it has been 4 months or longer since last package.

What type of training are you wanting?

Personal Training       Small Group Training (2-4 people)       Private Fitness Instruction (Yoga, Spin, etc)

Do you have a specific trainer or exercise instructor you would like to work with? \_\_\_\_\_

If not, do you have a preference?  No Preference     Male     Female

Which times fit your schedule best?  5am-8am     8am-12pm     12pm-5pm     5pm-9pm     Any

These days work best for me:  Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

### Privacy-Confidentiality-Security

All information obtained from any screenings, assessments, and completed forms will be kept private, confidential, and secure. At no time will any of this information be shared with any unauthorized individuals and it will be stored in a secure location.

### Acknowledgement

I, \_\_\_\_\_, for myself or my child hereby acknowledge to have read (including back page) and understood all the information contained in this document, and to have approved all releases, permits, and waivers as so indicated herein.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Participant/Guardian's Signature if a minor)

To submit this for, please print and bring it to The CORE or submit via email to JWinters@coppelltx.gov

## Personal Training Policies and Waivers

1. All patrons must check in at the front desk using their membership, punch pass, or purchase a day pass once they arrive for their training session.
2. If you are unable to attend your scheduled appointment, we ask that you give 24 hour notice. If you do not give notice, you could be charged for the appointment. Arriving late for the appointment does not allow you to receive additional minutes at end of your scheduled appointment. To reschedule or cancel a session, please contact the trainer directly.
3. All Personal Training packages expire one year after purchase. Any remaining training sessions after expiration date will be forfeited with no refund available.
4. Participating in any format or style of exercise, there is a risk of bodily injury. Each participant must complete a Physical Activity Readiness Questionnaire (PAR-Q) prior to their first exercise session. Once completed, it will be reviewed by one of our qualified staff members who will determine (using pre-established criteria) whether or not obtaining a physician clearance is necessary. It is recommended to always check with your physician before starting any new exercise program. Participants must recognize that all classes/activities of physical nature involve some risk and, by registering for a class/activity of this nature, there is an assumption of risk by the participant. The City of Coppell Parks and Recreation Department is dedicated to providing safe facilities and equipment for all participants, as well as qualified staff. Every effort is made to insure the safety of the participants and to provide them with first-class recreational activities.  
  
In the event of a serious accident or illness, normally the City of Coppell (1) would contact the Coppell Fire Department Paramedics to perform first aid and when necessary recommend transport to a hospital; (2) reach the parent, guardian, or emergency contact as soon as the situation allows. Please list any medical issues on your account that could be helpful to any first responders as they address your situation. Make sure that your emergency contact is up-to-date on your account.
5. I understand that there are risks involved in the programs/memberships which are sponsored by the City of Coppell Parks and Recreation Department. I accept full responsibility for any injury or accident to myself, spouse, or any of my dependents. I hereby release, indemnify, and hold harmless the City of Coppell, the Parks and Recreation Department, their agents, officers, employees, contractors, instructors, and any person acting on behalf of the City for any damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury including death, property damage and lawsuits and judgments, including court costs, expenses, and attorney's fees, and all other expenses that might arise hereafter, directly or indirectly in connection with my participation or the participation of my spouse or dependents in any of the programs/memberships listed. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects, for the purpose of advertising, private or public presentations, publicity, and promotion relating thereto.

## Training Sessions

#	Date	Trainer	#	Date	Trainer
1	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		9	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
2	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		10	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
3	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		11	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
4	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		12	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
5	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		13	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
6	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		14	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
7	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		15	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	
8	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr		16	<input type="checkbox"/> ½ Hr <input type="checkbox"/> 1 Hr	

**Notes:**