

ACHIEVE YOUR FITNESS GOALS



PERSONAL TRAINING

ONE-ON-ONE TRAINING

60 Minute Sessions

4 Sessions	\$180 / \$200
8 Sessions	\$312 / \$352
12 Sessions	\$444 / \$504
16 Sessions	\$560 / \$640
20 Sessions	\$660 / \$760

30 Minute Sessions

4 Sessions	\$110 / \$130
8 Sessions	\$200 / \$240
12 Sessions	\$280 / \$340
16 Sessions	\$360 / \$440
20 Sessions	\$430 / \$530

ONE SESSION TRAINING

60 Minutes:	\$50 / \$60
30 Minutes:	\$35 / \$45

GROUP OR PARTNER TRAINING

60 Minute Sessions

4 Sessions	\$120 / \$140
8 Sessions	\$200 / \$240
12 Sessions	\$275 / \$335

30 Minute Sessions

4 Sessions	\$80 / \$100
8 Sessions	\$140 / \$180
12 Sessions	\$195 / \$255



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Alamance County Community YMCA

1346 S. Main Street, Burlington, NC 27217
acymca.org • (336) 395-9622

Alamance YMCA Personal Training Registration Form 2024

CURRENT MEMBER (circle one) YES NO

NAME _____ MEMBER NUMBER _____

EMAIL _____ PHONE _____

EXISTING CLIENT? YES NO (IF YES, WHO ARE YOU TRAINING WITH?) _____

(IF NO, DO YOU HAVE A TRAINER PREFERENCE?) _____

Session Type	Qty	Total
60 MINUTE SESSION(S)		
30 MINUTE SESSION(S)		
60 MINUTE GROUP SESSION(S)		
30 MINUTE GROUP SESSION(S)		

SELECT TIME & DATE PREFERENCE (CIRCLE ALL THAT APPLY)

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY
 EARLY AM (5:30AM-7:00AM) AM (7:00AM-11:00AM) AFTERNOON (11:00AM-4:00PM) PM (4:00PM-6:00PM) EVENINGS (6:00PM-8:00PM)

SESSION EXPIRATION POLICY: I understand that all sessions purchased on this transaction will expire within 6 months of purchase.

REFUND/TRANSFER POLICY: I understand that the YMCA has a no refund policy. I understand there is a 24 hour cancellation policy. This policy states if I do not cancel my appointment within 24 hours then I will still be charged for the appointment. I also understand that sessions purchased will expire 6 months from the date of purchase. Details of the policy are available at the Member Services Desk.

MEDICAL WAIVER: In the event that I require emergency medical treatment and my emergency contact cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact I require the attention of a physician.

WAVIER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

I AGREE THAT I HAVE READ THE INFORMATION ABOVE:

SIGNATURE _____ DATE _____

please allow 24-48 hours for processing

YMCA STAFF ONLY

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY

PLEASE SCAN AND EMAIL REG FORM AT TIME OF PURCHASE <pjames@acymca.org >