



TRAIN LIKE A PRO

Congratulations on your decision to participate in our personal training and/or membership fitness program. We are extremely excited that you are taking the steps to a healthier lifestyle and improved fitness levels. It is our hope that you have an enjoyable and educational experience.



Please Observe The Training Etiquette Below

- Your first session will consist of your personal fitness assessment.
- Please bring your workout journal provided to you by your trainer to every session.
- Payments must be made in advance.
- Training sessions are one hour long. Delays on the client's behalf will be subtracted from the training session.
- Sessions must be completed within 90 days of purchase.
- Be sure to wear athletic/workout attire to all of your personal training sessions, and please remember to bring water and a towel.
- If a medical clearance is needed, the initial consultation will be scheduled after written release is given by your doctor.
- After 2 consecutive cancellations, the session will be forfeited.
- Please be on time for your sessions. If you arrive more than 15 minutes late for your scheduled session, the personal trainer has the right to leave the premises and forfeiture of the session will occur.
- In order to reschedule or cancel an appointment you must notify your personal trainer 24 hours in advance. Failure to do so will result in forfeiture of the session.

By signing this training etiquette form, I acknowledge and understand the above statements.

Client Signature

Date



Client/Personal Trainer Guidelines

The guidelines that are outlined below are to ensure that the responsibility and relationship between the Trainer and the Client are clearly appreciated and understood.

Client's Responsibilities:

It is very important that clients share all health history information and any medical concerns with the trainer. Keep in mind that you will need to notify your trainer about medications you are on. Any time new medications or diagnoses are given; it is imperative that you inform your trainer. Medications and certain conditions may pose significant risks to some types of training and your trainer must be aware in order to adjust your program safely and accordingly. If at any time during your workout, you feel discomfort or pain you must tell your trainer. Reaching your fitness goals is not always an easy accomplishment. It takes hard work and dedication. Your trainer will ensure correct exercise program development and technique; however, you must provide the commitment to give 100% of your energy and concentration to each session. This combination is to ensure your success!

Your payment for the Personal Training service must be made prior to your first training session. Trainers are able to take payments in the form of cash, checks, money orders, or any major credit cards. The time of this training session is agreed upon between the client and the trainer. If the client is late, the session will only last until the end of the hour for which that session was scheduled. If a session needs to be cancelled for any reason, a 24-hour notice must be given to the trainer. If prior notification is not given, that session will be forfeited.

Trainer's Responsibilities:

Each training session is individually designed to meet your needs and goals and will last a maximum of 60 minutes. The personal trainer is there to create a workout program that is safe, effective, and conducive to reaching the goals that been agreed upon by the client and trainer. If the trainer is late for a session, that time is owed to the client. If the trainer must cancel a session, the session is owed to the client. All information regarding your program and progress is confidential and will remain on file for 1 years following the cessation of your participation in the program.

I understand and agree to the roles and responsibilities explained above:

Client Signature

Date

Trainer Signature

Date



PRO BALLER FITNESS MEMBERSHIP AGREEMENT

Membership Information – Please Print legibly and fill out form in its entirety.

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Membership Rules and Regulations

1. Members may use Pro Baller Fitness/Superior Physique during operating hours.
(M-F 6am-9pm, Sat & Sun 8am-3pm)
2. Members are allowed to bring up to two guests, ONLY if the **Monthly membership and Family/Guest Privileges** was purchased.
3. Members are required to show their Pro Baller Fitness Membership card upon arrival or sign the Membership / Training sign it sheet.
4. Members must abide by all membership gym etiquette and facility rules/regulations.
_____ Memberships / Training Sessions are not refundable or transferable.
_____ Ages 8 - 12 (accompanied by a parent/guardian), 13 and Up (with parent/guardian consent)

Liability Waiver

In consideration of Pro Baller Fitness granting me the privilege of participating in activities in Superior Physique, I hereby covenant not to sue and agree to release, discharge, hold harmless, and indemnify Pro Baller Fitness, its trustees, officers, affiliates, and assigns from and against any and all liability, claims, damages, actions of causes of action whatsoever, for omissions constituting negligence of Pro Baller Fitness part, except for willful or wanton negligence or misconduct. I acknowledge that I have been advised of potential dangers inherent in the program and that I am personally responsible for and voluntarily assume the risks of injury or damage to person or property, except as limited above. Therefore, in consideration of the benefits received the training or membership program, the undersigned assumes all risks of damages or injury, including death that may be sustained by him/her while participating in the program or in travel to or from such related program or activity.

- Youth Training** - \$60 per session _____ Sessions
- Sports Training** - \$85 per session _____ Sessions
- Personal Training** - \$60 per session _____ Sessions
- Monthly Training Agreement** _____ # _____ x/wk
- Basketball Training** - \$50 Youth _____, \$85 H.S _____, \$95 College _____
_____ \$150 Pro

TOTAL AMOUNT DUE: \$ _____

Form of Payment: _____ Cash _____ Check _____ Card Receipt #: _____

Members Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Emergency Contact: _____ Phone: _____



Membership/Personal Training Sign-In Sheet

Name _____ Email _____
Phone _____ Membership / Training Program _____

	Date	Time	Trainer's Signature	Client's Signature
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Policies and Rules

1. Member must sign-in upon arrival at the gym before their workout or training session.
2. We reserve the right to provide a substitute trainer in the event that the original trainer is unable to conduct the workout for any reason. The substitute trainer will be certified in personal training.
3. A 24-hour cancellation is required; otherwise the member will be charged for the missed session.
4. The terms and conditions of this agreement expire at the date stated below. After the expiration date we reserve the right to terminate this agreement regardless of unused sessions.
5. Training sessions expire after 90 days.

Release of Liability and Assumption of Risk

I, the undersigned being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity. Having such knowledge, I hereby acknowledge and release any representatives, agents, and successors from liability for accidental injury or illness, which I may incur as a result of participating in the physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program. I choose to participate of my own free will. In consideration of the permission to participate extended to me and for the services furnished to me I do hereby for myself, my heirs, spouse, children, unborn children, personal representatives, and agents release and forever discharge any and all claims, demands, actions or lawsuits on account of my injury or death that might occur as a result of negligence on the part of myself or other persons affiliated or not affiliated with this contract. By signing below, I (we) affirm that I (we) have read and understand all of my (our) rights as outlined in this agreement.

Member's Signature _____ Date _____
 No. of Sessions _____ Start Date _____ Expiration Date _____