



RFCC Personal Training Client Packet

Please turn in your client forms at least 48 hours prior to your first session

Personal Training Guidelines

- All paperwork and payments must be completed and turned in at the front desk at **least 48 hours** prior to your first session.
- Personal training sessions are only available to active members of the RFCC
- Please let your trainer know if you are going to be more than 5 minutes late for your session. Late fees may be charged to your account.
- Please try and let your personal trainer know 24 hours in advance if you cannot make it to your session. You may be charged a \$30 no show fee. (This fee excludes medical and family emergencies.)
- You must comply with all policies and guidelines the RFCC have set in place including proper attire within each area of the fitness center (See RFCC Member guide).
- Training sessions typically run 1 hour. If you voluntarily end your session early, you will be charged for the full session and it cannot be made up at a later date.
- If a medical release is needed, your sessions will not start until after we receive a written notice from your doctor.
- Sessions are good for six months after your paperwork has been turned in
- After you turn in your paperwork, you will be assigned a personal trainer based on your fitness goals. Your personal trainer will contact you and set up a schedule that works best for both parties.

Pricing Information (1 Session typically runs 1 hour)

1 Session- \$50

5 Session- \$220

10 Sessions- \$410

Liability Waiver Form

I, _____, have voluntarily registered in a personalized health and fitness program offered by the Rushville Fitness and Community Center. I recognize that the program may involve strenuous physical activity, weightlifting, endurance, cardiovascular training and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and participation is purely voluntary and in no way mandated by the RFCC. In consideration of my participation in this program, I hereby release the Rushville Fitness and Community Center from any claims, demands, and causes of action as a result of my voluntary participation and enrollment. I fully understand that I may injure myself as a result of my enrollment and participation in this program and I hereby release the RFCC and its agents from any liability now or in the future for conditions that I may develop including but not limited to death. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Participant Signature)

(Parent/Guardian Signature if Participant is Under 18)

(Date)

Client Profile

Client's Name: _____ D.O.B: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Emergency Contact Name: _____ Number: _____

Please Circle a Package 1 Session-\$50 5 Sessions- \$220 10 Sessions -\$410

Please list the best times and days you can train: _____

What is your experience with training with weights and weight machines? _____

Please write a short description of your fitness goals and what you hope to get out of your personal training sessions below:

Are there any concerns you want your trainer to know about prior to your first training session?

What is your favorite and least favorite form of exercise?

Client's Medical History

Please check yes or no if you have or have had any of the following health conditions.

Do you now have, or have you had in the past:	Yes	No
1. History of heart problems, chest pain, or stroke		
2. Elevated blood pressure		
3. Any chronic illness or condition		
4. Difficulty with physical exercise		
5. Advice from physician not to exercise		
6. Recent surgery (last 12 months)		
7. Pregnancy (now or within last 3 months)		
8. History of breathing or lung problems		
9. Muscle, joint, or back disorder, or any previous injury still affecting you		
10. Diabetes or metabolic syndrome		
11. Thyroid condition		
12. Cigarette smoking habit		
13. Elevated blood cholesterol		
14.. History of heart problems in immediate family		
15. Hernia, or any condition that may be aggravated by lifting weights or other physical activity		

Are you taking any other medications, supplements or drugs? If so, please list the medication, dosage and reason._____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature:_____