# YMCA PERSONAL TRAINING

Let our nationally certified personal trainers get you started on the right track or take your fitness to levels you never imagined. Our trainers will keep you motivated and ensure you are using your time effectively. You have the option for 30 minute sessions or one hour sessions. Group training consists of 2–5 individuals with similar fitness goals/fitness levels. For group training, one person must register the group, provide all names, and provide FULL payment.

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Individual Training</th>
<th>Group Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 SESSIONS</td>
<td>$165</td>
<td>$182</td>
</tr>
<tr>
<td>5 SESSIONS</td>
<td>$237</td>
<td>$252</td>
</tr>
<tr>
<td>10 SESSIONS</td>
<td>$402</td>
<td>$445</td>
</tr>
<tr>
<td>20 SESSIONS</td>
<td>$772</td>
<td>$830</td>
</tr>
</tbody>
</table>

## STARTER SESSION

Let a personal trainer design a one time workout for you to meet your individual needs.

- **1-hour session:** $60

## GETTING TO KNOW YOU

We want to ensure that you have a great experience with our personal training program. Please tell us a little more about what your goal is with personal training. Check all areas that apply.

- Beginners
- Older Adults
- Sports Performance
- Injury Recovery
- Women’s Health
- Strength Training
- Weight Management
- Functional Fitness
- Endurance Training
- Suspension Training
- Bodybuilding
- Youth Training
- Conditioning
- Balance Training
- Flexibility & Mobility
- Pre/Post-natal Exercise

## MYZONE™ FITNESS

Include a Myzone™ belt to enhance your workout. Ask your trainer about how it can benefit your workouts and results.

- Myzone™ Belt (Member) $80
YMCA PERSONAL TRAINING, CONT.

We are excited to announce new value pricing for personal trainer, more trainers, more trainers available to meet your specific fitness goals, and expanded group options so you and your friends may work together to achieve great results. You can exercise without a trainer, but studies show that those who invest in a trainer are more likely to get the results they desire. Let our certified trainers keep you motivated and ensure you are using your time efficiently.

Client Starter Packet (preferred format) □ Electronic □ Paper

Name __________________________________________ M____ F____ Birth Date _____ / _____ / ________
(Individual or group member #1)

Session Type __________________________________ Trainer Name ___________________________

Preferred Day(s) of the week __________________________________ Preferred Time(s) of day _________

Address __________________________________ City __________________________ State ______ Zip_______

Cell #__________________________________ Email_____________________________________

Name __________________________________________ M____ F____ Birth Date _____ / _____ / ________
(Individual or group member #2)

Session Type __________________________________ Trainer Name ___________________________

Preferred Day(s) of the week __________________________________ Preferred Time(s) of day _________

Address __________________________________ City __________________________ State ______ Zip_______

Cell #__________________________________ Email_____________________________________

Name __________________________________________ M____ F____ Birth Date _____ / _____ / ________
(Individual or group member #3)

Session Type __________________________________ Trainer Name ___________________________

Preferred Day(s) of the week __________________________________ Preferred Time(s) of day _________

Address __________________________________ City __________________________ State ______ Zip_______

Cell #__________________________________ Email_____________________________________

Name __________________________________________ M____ F____ Birth Date _____ / _____ / ________
(Individual or group member #4)

Session Type __________________________________ Trainer Name ___________________________

Preferred Day(s) of the week __________________________________ Preferred Time(s) of day _________

Address __________________________________ City __________________________ State ______ Zip_______

Cell #__________________________________ Email_____________________________________

Name __________________________________________ M____ F____ Birth Date _____ / _____ / ________
(Individual or group member #5)

Session Type __________________________________ Trainer Name ___________________________

Preferred Day(s) of the week __________________________________ Preferred Time(s) of day _________

Address __________________________________ City __________________________ State ______ Zip_______

Cell #__________________________________ Email_____________________________________

Questions? Contact Cindy Jordan, Association Director of Health & Wellness, at 217-679-1625 x 183 or via email at cjordan@springfieldymca.org.

Last Updated 2/6/20