

LET'S GET STRONGER TOGETHER



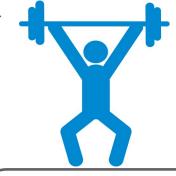
PERSONAL TRAINING PACKAGES

Let us help you achieve your goals!

Train one-on-one or with friends! Our trainers will help you reach your fitness goals and potential. Personal training is a great option for everyone from athletes to

beginning exercisers looking to gain knowledge, motivation, and skills.

Sessions	Time	Member	Potential Member
One-on-One	60 Mins	\$55.00	\$70.00
One-on-One	45 Mins	\$45.00	\$60.00
Partner Training	60 Mins	\$40/member	N/A
Partner Training	45 Mins	\$35/member	N/A
Packages	Time	Member	Potential Member
12– Session Package	60 Mins	\$600.00	N/A
12– Session Package	45 Mins	\$480.00	N/A
6– Session Package	60 Mins	\$300.00	N/A
6– Session Package	45 Mins	\$240.00	N/A
3– Session Package	60 Mins	\$150.00	N/A
3– Session Package	45 Mins	\$120.00 N/A	



Meet Our Trainers Kaden, Reese, Emily

Once you register with the Fergus Falls YMCA, a Personal trainer will contact you to set up time and dates that work best for you and your trainer. They will meet with you to understand your goals and create a plan that fits your needs.

Questions? Contact us at 218-739-4489 ext. 205



Date: ____ Paid: YES or NO

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name:	Me	mber	_ Potential Member
Address:			
Phone:			
Email:			
Under 18 Name:			Age:
Parent/Guardian Name:			
Preferred time of training sessi	ons: Early morning	Morning	gAfternoonEvening
Other information or considera	ations to be aware of:_		
PERSONAL TRAINING			
Packages must be paid in full prior to training. S purchase date. Packages may not be modified a sions. Regardless of start time, session will end a member in place of their absence. Medical clear	and are non-transferable and non-reat the scheduled time. Purchasers of	efundable. 24 ho	ur cancellation policy for all scheduled ses-
INFORMED CONSENT and WAI\	VER OF LIABILITY		
In consideration of the YMCA accepting this registrat Area Family YMCA and all connected with the YMCA and all loss, damage, injuries sustained by me or my above minor(s) is/are physically sound and medically my child(ren) with the YMCA or on YMCA related tri	A, of and from any and all rights, claims, o y property, or by the minor(s) for whom y approved to participate in the activitie	demands, and actic I am signing on hi es of the YMCA. I au	ons of any and every nature whatsoever, for any s/her property at any time. I declare that the thorize use of any and all photographs taken o
PAYMENTS/CANCELLATIONS			
Payments must be made at the time of registration, p	orior to participation in program. Cancell	ations must be with	in 24 hours of the start date of the program.
Print Name of Participant:	Signature of participant or gua	ardian:	Date: