ERW PHYSICAL THERAPY

PERSONAL TRAINING REGISTRATION FORM

First Name : _____ Last Name : _____

Gender : ☐ Female ☐ Male   Date of Birth (M/D/YR): _____

Address :_____

City : _____ State : _____ Zip Code : _____

Home Number : _____ Cell Number : _____

Email : _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

Do you have any medical conditions or special requirements that we need to know about, if so, please list them: _____

Credit Card Type: ☐ Visa   ☐ MasterCard   ☐ Discover

Mailing address affiliated with credit card

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

Credit Card Number:_____

Expiration Date:_____ 3 digit security code (back of card): _____

Card Holders Name: _____

Card Holders Signature:_____ Date:_____

Personal Training Contract/Agreement

With the help of your personal trainer, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The principles learned during these training sessions can be applied throughout your lifetime.

Please understand that this physical fitness program includes exercises to build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activity, swimming and other aerobic activities), calisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are EQUALLY important!
During your exercise program, every effort will be made to assure your safety, however, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In choosing to participate in this program, you agree to assume responsibility for these risks and waive any possibility for personal injury. You also agree that you have no limiting physical conditions or disability that would preclude your participation in an exercise program.

A physician's examination is recommended for all participants. Personal training participants who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance, which is evidenced by your signature below. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program. You also agree to release and hold harmless Evans Rehabilitation Services, LLC. as well as their agents and assigns from any and all injury or damages which may occur as a result of your participation in this program.

It is recommended that all program participants work with their personal trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

Personal Training Terms and Conditions

1. In order to be considered an "early cancellation", our staff must be notified at least 2 hours prior to the scheduled appointment time.

2. "Early cancellations" for members of group training sessions will require a price adjustment based on the applicable rate for the number of clients present for that session.

3. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.

4. Pre-purchased personal training sessions must be used within 6 months of the purchase date. Accommodations will be considered for special circumstances (e.g. illness/injury, etc.)

_____   Date: _____

Participant's name (please print clearly)

_____   _____

Participant's signature   Parent/guardian's signature (if needed)