

Client Registration Packet may be completed and submitted to appropriate Fitness Coordinator prior to first session or submitted to the assigned trainer at first session.

New clients must purchase first session prior to scheduling.



*Personal Training and
Private Pilates, Yoga,
and Tai Chi Instruction*

Client Registration

-Confidential-

South Suburban Personal Training and Private Instruction Services Summary and Costs

Personal Training	Individual Personal Training (Ages 10 and up)*		Group Personal Training (2-4 people)		30 Minute Individual Personal Training**	
R=Resident NR=Non-resident	R	NR	R	NR	R	NR
1 Session	\$50	\$60	\$64	\$75	**	**
3 Sessions	\$141	\$171	\$183	\$216	\$99	\$114
5 Sessions	\$225	\$275	\$295	\$350	\$150	\$175
10 Sessions	\$430	\$530	\$570	\$680	\$270	\$320
*Youth (10-17) receive a 10% discount on packages of 3, 5, and 10 hour sessions for individual personal training. No youth discount for single sessions, group training or 30 minute personal training.					**NEW 30 MINUTE CLIENTS are required to complete a single 60 minute session at \$50R/\$60NR for their initial session, then will purchase a 30 minute package. 30 minute personal training is not available for groups.	
Private Pilates Reformer	Individual Pilates Reformer Training		Group Pilates Reformer Training (2-4 people)			
R=Resident NR=Non-resident	R	NR	R	NR		
1 Session	\$55	\$66	\$73	\$85		
3 Sessions	\$156	\$189	\$210	\$246		
5 Sessions	\$250	\$305	\$340	\$400		
10 Sessions	\$480	\$590	\$660	\$780		

Personal Training and Private Instruction Policies (Please Read Carefully)

In order to help make your experience a positive one, we ask that you observe the following policies:

1. Client Registration Packet must be completed prior to first session or during first session. It is recommended you complete it in advance.
2. New clients must purchase sessions prior to the first scheduled session.
3. Trainers cannot take session payments. Please pay for sessions at the Recreation Center Front Desk, Registration Desk or online through ssprd.org.
4. Call the recreation center of your scheduled session if you know you will be late (Trainers will wait 15 minutes and then that scheduled session will be forfeited). ***If you are late, the session will only last until the end of the hour for which that session was scheduled.***
5. ***If needed, sessions must be rescheduled 24 hours in advance or session will be forfeited. Call your Trainer or the Recreation Center front desk to leave a message for your Trainer.***
6. Be ready to work hard during each session; wear athletic type shoes and clothing; bring a towel and water bottle.

Client Confidentiality

Information will not be released without the individual's permission, except in emergency situations. Client registration packet will remain in South Suburban Parks and Recreation files for seven (7) years following the cessation of your participation in the program.

Regular evaluation of your trainer's performance and your progress will be completed using written and verbal communication with your trainer and our fitness staff. If you have any feedback regarding your trainer or the program, please contact the appropriate coordinator:

Buck Fitness Coordinator at (303) 730-4610, Goodson and Sheridan Personal Trainer Coordinator at (303) 483-7079 or the Lone Tree Fitness Coordinator at (303) 708-3514.

Personal Information

Name: _____ DOB/Age: _____

Gender: M F Height: _____ Weight: _____

Current Information

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

Email: _____

Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Training Preferences and Availability (Bios are available by visiting www.ssprd.org and selecting the appropriate facility)

Type of training desired (please circle one):

Personal Training

Private Reformer

Private Tai Chi

Private Yoga

My preferred trainer is: _____

I would prefer to train at the following location(s):

Douglas H. Buck Community Center (2004 W. Powers Ave, Littleton): _____

Goodson Recreation Center (6315 S. University Blvd, Centennial): _____

Lone Tree Recreation Center (10249 Ridgeway Circle, Lone Tree): _____

Sheridan Recreation Center (3325 W. Oxford Ave, Denver): _____

Please circle the day(s) and list the time(s) you are available and prefer to train. (The more flexible your availability, the easier it will be to match you to a trainer.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred Time(s):	_____	_____	_____	_____	_____	_____	_____

How long are you planning on working with a trainer? (A few sessions, a few months, ongoing)?

Exercise History

Are you currently involved in a routine of regular aerobic exercise or a weight training program? ___ yes ___ no

- If yes, for how long and how often? What activities?

- If no, when was the last time you can recall being active for at least 20 minutes? What activity were you doing?

Check the activities you are currently involved in and circle activities you would consider doing in the future.

___ Walking/Jogging ___ Strength Training ___ Group Fitness Classes ___ Athletic Drills
___ Swimming ___ Cycling ___ Cardio Machines

What other activities you are interested in?

Goals

What goals would you like to achieve from participating in this service?

Known Medical Concerns/Conditions

Please list any known injuries, trouble spots, recent surgeries, or other medical concerns and conditions that might limit your ability to participate in services (pregnancy, disability, replaced joints, chronic conditions such as heart or lung conditions, metabolic conditions or autoimmune disorders, etc.).

Medications/Allergies

Please list any known allergies (environmental, medications, food, etc.)

Please list current medications including over-the-counter medications, prescriptions, etc. that may affect your body's response to exercise.

Medication	Dosage	For What?

Informed Consent

I, _____, understand participation in recreation activities and services may have an element of hazard or inherent danger, and users take full responsibility for their actions and physical condition. Users agree to indemnify and hold harmless the South Suburban Parks and Recreation District ("District") and its employees and agents for any liability, loss, cost or expense (including attorney's fees, medical, ambulance cost) that users may incur while participating in any District activities.

Before meeting with a District Trainer, taking part in fitness testing, or engaging in a training program, I certify that I have answered all health and fitness questions honestly, thoroughly, and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during fitness testing and/or exercise programs. I understand that the District reserves the right to require a medical clearance from my doctor prior to participating in, and/or as a condition of continuing, any District personal training or private instruction services.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Required if participant is under the age of 18)

Terms and Conditions

I agree to adhere to all South Suburban Parks and Recreation District's personal training and private instruction policies and procedures.

(Please initial)

_____ Full payment is due prior to services being received. Payment cannot be accepted by the trainer.

_____ If I need to cancel an appointment, I must call the appropriate Recreation Center or my trainer at least 24 hours prior to my scheduled session/appointment. If I do not call 24 hours prior, that session will be forfeited, including first time sessions.

_____ If I am late (<15 min), the session will only last until the end of the hour for which that session was scheduled. If I am more than 15 minutes late the scheduled session will be forfeited.

_____ I will check in at the facility front desk before every session, and ensure they remove a training session from my account for that day.

_____ Personal training packages expire 3 years after the date of purchase. I understand that personal training, private reformer, and massage packages are not eligible for refunds, credits, or transfers.

_____ If my health status changes after completing the registration packet, I will inform my trainer immediately. I understand that the District may require a medical clearance from my doctor prior to continuing training sessions.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Required if participant is under the age of 18)