

GSW FITNESS & WELLNESS PERSONAL TRAINING PROGRAM

New Client Schedule Form

(To be filled out by client prior to payment)

Client Name: _____ GSW ID: _____

Client Preferred Phone: _____ Client Preferred Email: _____

Personal Trainer's Name (if known): _____

Anticipated Start Date (if known): _____ Number of desired sessions/week: _____

Preferred training days/times:

Days: _____ Times: _____

Personal Training Packages

*Each package includes an initial consultation, as well as a Fitness Assessment, prior to the first personal training session. Total payment must be received on day of purchase. *No refunds will be issued after the initial purchase.

GSW Student/Faculty/Staff (please select)	GSW Fitness Member or HC (please select)
<input type="checkbox"/> Single One Hour Session: \$30	<input type="checkbox"/> Single One Hour Session: \$36
Includes consultation and exercise program	Includes consultation & exercise program
CONSULTATION & FITNESS ASSESSMENT INCLUDED WITH PURCHASE	
[\$12 per session/person – GSW; \$18 per session/person – Community]	
<input type="checkbox"/> 10-One Hour Sessions: \$120	<input type="checkbox"/> 10-One Hour Sessions: \$180
<input type="checkbox"/> 12-One Hour Sessions: \$144	<input type="checkbox"/> 12-One Hour Sessions: \$216
<input type="checkbox"/> 15-One Hour Sessions: \$180	<input type="checkbox"/> 15-One Hour Sessions: \$270
<input type="checkbox"/> 20-One Hour Sessions: \$240	<input type="checkbox"/> 20-One Hour Sessions: \$360
PARTNER TRAINING (2 people)	PARTNER TRAINING (2 people)
<input type="checkbox"/> 10-One Hour Partner Sessions: \$120/person	<input type="checkbox"/> 10-One Hour Partner Sessions: \$180/person
<input type="checkbox"/> 15-One Hour Partner Sessions: \$180	<input type="checkbox"/> 15-One Hour Partner Sessions: \$270
<input type="checkbox"/> 20-One Hour Partner Sessions: \$240	<input type="checkbox"/> 20-One Hour Partner Sessions: \$360
GROUP TRAINING	
NUMBER IN GROUP	PRICING PER PERSON/SESSION
3 – 4 PEOPLE	\$144 [8 SESSIONS]
5 – 7 PEOPLE	\$120 [10 SESSIONS]
8 – 12 PEOPLE	\$90 [15 SESSIONS]

OFFICE USE ONLY

Payment taken at Student Accounts: \$ _____ Date taken: _____

Payment Type: _____

Client Forms Completed?

- Membership Information Packet (If not GSW affiliated, Client must be a GSW Member.)
- Personal Training Packet
- Medical Clearance Form (if applicable)
- Waiver of Medical Clearance (if applicable)

Administrative Signature: _____