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 with Five sessions or more 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.

<table>
<thead>
<tr>
<th>GSW Student/Faculty/Staff (please select)</th>
<th>GSW Fitness Member or HC (please select)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Consultation (No Personal Training): $20</td>
<td>☐ Consultation (No Personal Training): $22</td>
</tr>
<tr>
<td>☐ Single One Hour Session: $25</td>
<td>☐ Single One Hour Session: $28</td>
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</tbody>
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CONSULTATION & FITNESS ASSESSMENT INCLUDED IF YOU PURCHASE >1 SESSION.

| ☐ 5-One Hour Sessions: $20/session, $100 | ☐ 5-One Hour Sessions: $22/session, $110 |
| ☐ 10-One Hour Sessions: $15/session, $150 | ☐ 10-One Hour Sessions: $17/session, $170 |
| ☐ 15-One Hour Sessions: $11/session, $165 | ☐ 15-One Hour Sessions: $13/session, $195 |

PARTNER TRAINING (Per person/Per Session)

| ☐ Single Partner Session: $18/person/session | ☐ Single Partner Session: $20/person/session |
| ☐ 5-One Hour Partner Sessions: $15/person/session | ☐ 5-One Hour Partner Sessions: $17/person/session |
| ☐ 10-One Hour Partner Sessions: $12/person/session | ☐ 10-One Hour Partner Sessions: $14/person/session |
| ☐ 15-One Hour Partner Sessions: $10/person/session | ☐ 15-One Hour Partner Sessions: $12/person/session |

SPECIALTY PROGRAMS
These programs are 4 weeks long; they will have a start and end date. If sessions are not completed within the designated time period, they will be forfeited.

☐ Fundamental Foundation: TO BE DETERMINED AT A LATER TIME.

☐ Weight Management:

☐ Performance Enhancement:

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: ___________________________