



VSU Campus Recreation Personal Training and Fitness Assessment Registration Form

Please Check One: Student: _____ Faculty/Staff: _____ Alumni: _____
 Client's Name: _____ VSU ID #: _____ Today's Date: _____
 Telephone Number: _____ E-mail Address: _____
 Personal Trainer Requested: _____ Number of sessions per week wanted with trainer: _____
 Availability: _____

Fitness Assessment

Complete

Student (\$25) _____
 Member (\$30) _____

Individual Tests (\$5/each)

_____ Cardiovascular _____ Muscular Strength/Endurance
 _____ Flexibility _____ Body fat/Measurements

One-on-One Personal Training

Individual Session

Student (\$30) _____
 Member (\$ 35) _____

Student Packages

3 sessions (\$70) _____
 6 sessions (\$120) _____
 10 sessions (\$180) _____

Member Packages

3 sessions (\$75) _____
 6 sessions (\$125) _____
 10 sessions (\$185) _____

Train with a Friend

Individual Session

Student (\$45) _____
 Member (\$ 50) _____

Student Packages

3 sessions (\$130) _____
 6 sessions (\$180) _____
 10 sessions (\$200) _____

Member Packages

3 sessions (\$140) _____
 6 sessions (\$190) _____
 10 sessions (\$210) _____

NOTE: Cancellations are to be made 24 hours in advance. The client must call the TRAINER not Campus Recreation. Failure to provide 24 hours notice will result in a lost session.

- Sessions must be used within 90 days of the purchase date.
- If a client's SRC membership expires or the client is no longer eligible to have a membership, all unused sessions will be lost. Lost sessions are not refundable.
- Wear comfortable clothing that falls within Campus Recreation policies (Sneakers. No tank tops. No jeans.)
- Bring a towel (Campus Recreation Policy) and water bottle (Client's discretion but strongly recommended).
- Arrive 10 minutes prior to your session and meet your trainer in the lobby.
- Follow all Campus Recreation policies during training sessions.

Release: In consideration of the acceptance of my entry, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, and assignees, waive and release any and all rights I may have Against Valdosta State University and other officials, contributors, organizers, volunteers and other parties associated with this program from and against any blame and liability for any and all injuries received by me as a result of the Fitness Assessment/Personal Training program. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in the program.

Signature: _____ **Date:** _____

Office Use Only

Total Amount Paid: \$ _____ **Payment Method:** ___Check ___Cash ___Flex

Processed by: (Please Print Clearly) _____