PERSONAL TRAINING AGREEMENT AND TRACKING FORM

CLIENT INFORMATION

NAME		DATE OF BIRTH	
TRAINING ADDRESS		EMAIL	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
EMERGENCY CONTACT PERSON		EMERGENCY CONTACTS PHONE NUMBER	
RELATIONSHIP TO EMMERGENCY CONTACT		ALL INFORMATION IS KEPT CONFIDENTIAL	

CANCELLATION POLICY

All cancellations must be received at least 24 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours' notice will be charged 100% of the cancelled session. Jones4Fitness understands that emergencies happen. We provide every client with three free short-notice cancellations. You will not be charged for your first three cancellations with less than 6 hour notice. Subsequent short-notice cancellations will be charged for the session. The three free short-notice cancellations only apply if Jones4Fitness is notified prior to the session start time. No shows are not eligible for the free cancellations.	INITAL HERE

LIABILTY WAIVER

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Jones4fitness. Having such knowledge, I hereby release Jones4fitness their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.	INITAL HERE

REFUND POLICY

Jones4Fitness strives to provide the best possible service to our clients. If for any reason you are not satisfied with our services, we will be happy to issue you a refund for 90 percent of services not performed. If you have paid for a package in full, you will be refunded 90 Percent of your unused sessions and services.	INITAL HERE

I have read the above policies and agree to its terms as it applies to my personal training.

Signature _____ Date _____

PERSONAL TRAINING AGREEMENT AND TRACKING FORM

NEW AGREEMENT	YES	NO	RENEWAL AGREEMENT	YES	NO	

CLIENT TRACKING SHEET

PACKAGE INFORMATION		SESSION FREQUENCY		PAYMENT FREQUENCY	
CLIENT NAME		AVG. SESSIONS A WEEK		PAYMENTS	
PHONE NUMBER		1		1	
ADDRESS		2		2	
		3		3	
		4		6 (MONTHLY)	
		5		PER SESSION	

INTRO SESSIONS	CLIENT INTIAL HERE		NOTES	PAYMENT SESSIONS
	DATE	INITAL		
1				INTRO PAYMENT DUE
2				
3				

PACKAGE SESSIONS	CLIENT INTIAL HERE		RENEWAL SESSIONS	CLEINT INTIAL HERE		PAYMENT SESSIONS
PAY PER SESSIONS	DATE	INITIAL	*PAY PER SESSIONS*	DATE	INITIAL	
1			1			*ALL PACKAGES PAYMENT DUE*
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			*MONTHLY PACKAGE 2ND PAYMENT DUE*
9			9			
10			10			
11			11			
12			12			
13			13			
14			14			*3 PAYMENT PACKAGE 2ND PAYMENT DUE*
15			15			
16			16			*MONTHLY PACKAGE 3RD D PAYMENT DUE*
17			17			
18			18			
19			19			
20			20			*2 PAYMENT PACKAGE 2ND PAYMENT DUE*
21			21			
22			22			
23			23			
24			24			*MONTHLY PACKAGE 4TH PAYMENT DUE*
25			25			
26			26			*3 PAYMENT PACKAGE 3RD PAYMENT DUE*
27			27			
28			28			
29			29			
30			30			
31			31			
32			32			*MONTHLY PACKAGE 5TH PAYMENT DUE*
33			33			
34			34			
35			35			
36			36			
37			37			
38			38			
39			39			
40			40			*MONTHLY PACKAGE 6TH PAYMENT DUE*

INVOICE

CLIENT NAME		AMOUNT	$
DATE		TIP AMOUNT	$
PAYMENT NUMBER		TOTAL AMOUNT	$
NUMBER OF SESSIONS			

THANK YOU FOR YOUR PAYMENT

RECEIPT

CLIENT NAME		PAID AMOUNT	$
DATE			
RECEIPT NUMBER		PAID TO	JONES4FITNESS LLC
NUMBER OF SESSIONS		PAID FOR	PERSONAL TRAINING

THANK YOU FOR YOUR PAYMENT