

ROYAL BEACH CLUB PERSONAL TRAINING AGREEMENT

MEMBER'S INFORMATION: NAME:			TRAINER'S INFORMATION: NAME:			
MEMBERSHIP NO.:			MOBILE:			
MOBILE:			PACKAGE PURCHASE DATE:			
EMAIL:						
EMERGENCY CON	NTACT INFORMA	TION:				
MOBILE:						
relationship:						
PERSONAL TRAINING FEES: (PLEASE TICK AS APPROPRIATE)				SWIMMING LESSONS: (PLEASE TICK AS APPROPRIATE)		
INDIVIDUAL	1 HOUR 8 SESSIONS 16 SESSIONS 24 SESSIONS	BHD 27 BHD 187 BHD 331 BHD 477		INDIVIDUAL	1 HOUR 8 SESSIONS 16 SESSIONS 24 SESSIONS	BHD 20
SQUASH PARTNER SQUASH TRAINING	1 HOUR 8 SESSIONS 16 SESSIONS 24 SESSIONS 1 HOUR 1 HOUR 5 SESSIONS 10 SESSIONS	BHD 42 BHD 286 BHD 504 BHD 723 BHD 11 BHD 21 BHD 105 BHD 200		2 PERSONS 3 PERSONS	1 HOUR 8 SESSIONS 16 SESSIONS 1 HOUR 8 SESSIONS 16 SESSIONS	BHD 28
DECLARATIONS: I hereby hire the trainer for a period of 3 months beginning on and ending on The package must be completed within the set period of time listed. The agreement will not be extended. To ensure the progress of the student, please choose a package you know will be completed within the 3 months validity period. All sessions must be booked at least 24 hours in advance. Cancellations must be made at least 24 hours in advance of scheduled sessions. Cancellations made less than 24 hours will be subject to full session payment. All sessions shall be 60 minutes in length and shall start at the scheduled time. Sessions will not be extended due to tardiness of the client or due to any other interruptions. Any client who has not arrived within 15 minutes after scheduled time shall be deemed cancelled and will be charged for that session. There shall be no refunds of purchased packages, nor refunds on sessions not completed within the 3 months period. We highly recommend a mandatory check up from a general practitioner before your first session. A mandatory Client Health History Questionnaire must be filled out prior to the commencement of training.						
are potentially hazard I am voluntarily parti	lous activities. I have be cipating in these activi	en informed, u ties and using	ndersta equip	ength, flexibility and aerob and and am aware that fitn ment with full knowledge, an amendment dulye xecut	ess activities involve ris understanding and a	sk of injury and that

CLIENT SIGNATURE: _____ RECEPTIONIST FITNESS: ____

SUPERVISOR SIGNATURE: ____

TRAINER SIGNATURE: