



MOUNT CARMEL  
Fitness Center



# Staff Highlight Meet Kathy

## Personal Trainer

### Education

- BS Human Development and Family Science

### Certifications

- ACE® Certified Personal Trainer
- NETA Certified Group Exercise Instructor
- ABHP Brain Health Ambassador
- Zin Zumba® Instructor
- YogaFit Instructor

### Specialty

- Balance and Fall Prevention, Functional Fitness, Flexibility, Myofascial Release, Neuro Foundations Training, Optimal Muscle Training, Special Populations



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mountcarmelfitness.com

# TRAINING REQUEST FORM

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Today's Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Best Time of Day to be Reached \_\_\_\_\_

TYPE OF TRAINING:  Personal Training  Swim Instruction

Goals and Objectives:

\_\_\_\_\_  
\_\_\_\_\_

Physical Limitations or Injuries:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Days and Times for Training:

\_\_\_\_\_  
\_\_\_\_\_

REQUESTED PERSONAL TRAINER:

Name \_\_\_\_\_ or Male \_\_\_ Female \_\_\_ No preference \_\_\_

Agreement: By purchasing any training package, I am agreeing to the following terms:

- To cancel or reschedule, notify personal trainer/instructor at least 24 hours in advance to avoid being charged for the session.
- Packages must be paid in full prior to training.
- Check-in at the Member Services desk prior to each training appointment.
- Report to scheduled appointment on-time and ready to participate.
- Sessions will end at the scheduled time regardless of my arrival time.
- **All session packages are transferable but non-refundable.**
- **All packages expire six months from date of purchase.**

I understand and agree to the above conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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