



MOUNT CARMEL
Fitness Center



Staff Highlight Meet Kylie

Fitness Specialist

Education

- BS Exercise Physiology

Certifications

- ACSM-CEP

Specialty

- Medical Exercise, Performance Enhancement, Weight Management and General Health



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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 _____

7100 Graphics Way, Lewis Center, Ohio 43035
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