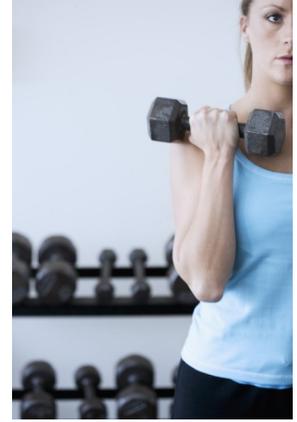


# PERSONAL TRAINING

JACKSON COUNTY PARKS AND RECREATION DEPARTMENT

## WHAT IS PERSONAL TRAINING?

Personal training could be that “thing” you’ve been looking for! The Jackson County Parks and Recreation Department (JCPRD) provides certified trainers who are trained and motivated to help you reach your goals.



All trainers must have a current certification from a nationally recognized organization, be CPR/First Aid certified, and have a contract with JCPRD to provide services. The trainers have been through extensive testing and ongoing education, adhering to industry quality standards to provide you with individualized results.

Your trainer has one job—to help you achieve your goals. Whether it be weight loss, increased strength, increased muscle weight, disease prevention/control, or general overall wellness, your trainer will help you succeed.

Your first session with your trainer will include detailed health history disclosure, goal setting, and a fitness assessment. The fitness assessment will include body fat analysis, cardiovascular and muscular evaluations, flexibility tests, and general health review.

## PRICING AND INFORMATION!

If you are not a member of the facility, you will be required to pay the \$5 daily rate (\$3 for seniors).

### *Personal Training:*

**1 session - \$35**

**5 sessions - \$150**

**10 sessions - \$285**

### *Partner Training (2 people):*

**5 sessions - \$225**

**10 sessions - \$430**



**Fitness Assessment** (cannot be included in a package—no training): **\$40**

\*Each client must have an individual Fitness Assessment prior to training.

\*Individual sessions have a 3 month from purchase expiration.

\*5 session packages have a 6 month from purchase expiration.

\*10 session packages have a 12 month from purchase expiration.

### **IMPORTANT TO KNOW:**

Sessions are 55 minutes.

Cancellations must be made at least 24 hours in advance or the client will be charged for the session.



**JACKSON COUNTY**  
**PARKS & RECREATION DEPARTMENT**



If you have any medical conditions, are not currently exercising, and/or have not seen your primary care physician in over a year, you will be required to obtain a medical clearance before beginning your exercise program.

This information will be reviewed only by our Personal Trainers and is deemed confidential.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of the Recreation Center?    Y    N

What time of day do you prefer to train?    (Check all that apply)

Early Morning \_\_\_\_\_    Mid-Morning to Early Afternoon \_\_\_\_\_

Late Afternoon to Evening \_\_\_\_\_    Weekdays \_\_\_\_\_    Weekends \_\_\_\_\_

Do you currently exercise? YES NO

If yes, how often per week and what type of exercise? \_\_\_\_\_

Do you consider yourself (circle one):

Sedentary    Moderately Active

Lightly Active    Highly Active

What do you hope to achieve from personal training?

\_\_\_\_\_

List any major health conditions you have?

\_\_\_\_\_

Have you used a personal trainer in the past? YES NO

**PERSONAL TRAINING- SET GOALS & ACHIEVE**

**Safety**

Your trainer will show you how to exercise safely, effectively, and efficiently.

**Results**

Your trainer will provide you with the tools to reach the goals you have set together.

**Motivation**

Your trainer will encourage you through the process of bettering yourself.

**New skills**

Your trainer will teach you how to challenge yourself through new and exciting training techniques.

**Education**

Your trainer will teach you how to exercise in a safe and effective manner, enabling you to adopt a more complete and healthful lifestyle.