



BAYSPORT PERSONAL TRAINING

BaySport Personal Trainers will customize your fitness program to align with your goals, meet your needs, and fit your lifestyle. Our professional certified trainers are well prepared to assist you with any fitness needs.

Our programs include, but are not limited to, the following:

- Fitness Assessment
- Cardiovascular Training
- Strength Training
- Joint Stabilization
- Balance Training
- Injury Post-Rehabilitation
- Ergonomic Analysis
- Nutrition Guidelines

BaySport Personal Training may help you:

- Lose weight and body fat
- Gain lean muscle mass
- Increase energy and stamina
- Sleep better
- Improve posture
- Reduce stress and enhance mood
- Decrease modifiable risks of disease
- Relieve lower back pain
- Increase functional strength
- Prevent recurrence of injuries
- Enhance sport performance

PACKAGES

Certified Trainer:

30-minute

- \$53/single session
- \$255/five sessions
- \$500/ten sessions

Certified Trainer:

60-minute

- \$80/single session
- \$375/five sessions
- \$730/ten sessions

Master Trainer:

30-minute

- \$60/single session
- \$285/five sessions
- \$550/ten sessions

Master Trainer:

60-minute

- \$95/single session
- \$460/five sessions
- \$900/ten sessions

Cancellations: 24-hour notice is required to cancel a personal training appointment directly with the assigned trainer and not be liable for payment.

Contact us:

Foster City: Nick Zygarew, nzygarew@visa.com

Austin & Miami: Thomas Conner, thconner@visa.com





PERSONAL TRAINING PROGRAM WAIVER FORM, GUIDELINES, & PAYMENT AGREEMENT

Waiver – I agree that I am participating in the Personal Training Program (PTP) at my own risk. I also agree that my Personal Trainer and BaySport, Inc. are not liable for any injuries or damages that may result from my participation in this program. I further agree that my Personal Trainer and BaySport, Inc. will not be subject to any claim, demand, or damages including those damages resulting from acts of active or passive negligence on the part of BaySport Inc, its owners, agents, or employees.

Cancellations – I understand that all cancellations require 24 hours' notice. I understand that if I do not show up for an appointment or provide adequate notice of cancellation, I will be charged for the scheduled session. If it is necessary for the Personal Trainer to cancel an appointment with less than 24 hours' notice, one complimentary session of training will be provided to me or my group.

Appointments – I understand the importance of being on time for appointments. In the case that I am late for an appointment, the Personal Trainer will wait 20 minutes from the scheduled time of appointment. After this period, the Personal Trainer is free from obligation, and I will be charged the full amount of the scheduled appointment. If the Personal Trainer is more than 20 minutes late for a scheduled appointment, that training session will be provided at no charge to me, and I will receive one complimentary session.

Refunds – All payments are non-refundable and non-transferable (except in special circumstances including illness, job transfer, job termination, or injury). Refund and transfer requests will be reviewed by the PTP Committee for appropriateness.

Expirations – Sessions expire 6 months from the date of purchase. Expiration extensions may only be given under special circumstances.

Package Options	Certified Trainer:	Certified Trainer:	Master Trainer:	Master Trainer:
	<u>30-minute</u>	<u>60-minute</u>	<u>30-minute</u>	<u>60-minute</u>
	<input type="checkbox"/> \$53/single session	<input type="checkbox"/> \$80/single session	<input type="checkbox"/> \$60/single session	<input type="checkbox"/> \$95/single session
	<input type="checkbox"/> \$255/five sessions	<input type="checkbox"/> \$375/five sessions	<input type="checkbox"/> \$285/five sessions	<input type="checkbox"/> \$460/five sessions
	<input type="checkbox"/> \$500/ten sessions	<input type="checkbox"/> \$730/ten sessions	<input type="checkbox"/> \$550/ten sessions	<input type="checkbox"/> \$900/ten sessions

By signing below, I acknowledge that I have read, understand, and agree to the information presented above.

Print Name: _____

Participant Signature _____ Date _____

Office Use Only: BaySport Locations: _____

Amount Received: \$ _____ Transaction #: _____

Staff Signature: _____ Date: _____

Contact: _____

Please complete the form and send to your site's BaySport Program Manager

Foster City: nzygarew@visa.com | Austin & Miami: thconner@visa.com

BAYSPORT

PERSONAL TRAINING PROGRAM – HEALTH HISTORY

Name: _____

Date: _____

Birth Date: _____ Gender: _____ Physician's Name: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Please check all that apply and provide any additional helpful information such as date of on-set and treatment.

Medical History - Past or Present	Present Symptoms
<p style="text-align: center;">Additional helpful information</p> <p><input type="checkbox"/> Heart Disease: _____ <input type="checkbox"/> heart attack <input type="checkbox"/> stent <input type="checkbox"/> bypass surgery</p> <p><input type="checkbox"/> High Blood Pressure: _____</p> <p><input type="checkbox"/> Stroke: _____</p> <p><input type="checkbox"/> Blood Lipid/Cholesterol Problems: _____</p> <p><input type="checkbox"/> Smoking History: _____</p> <p><input type="checkbox"/> Diabetes: _____</p> <p><input type="checkbox"/> Respiratory Problems: _____</p> <p><input type="checkbox"/> Tuberculosis: _____</p> <p><input type="checkbox"/> Osteoporosis: _____</p> <p><input type="checkbox"/> Rheumatoid Arthritis: _____</p> <p><input type="checkbox"/> Gout: _____</p> <p><input type="checkbox"/> Multiple Sclerosis: _____</p> <p><input type="checkbox"/> Epilepsy, Seizure Disorder: _____</p> <p><input type="checkbox"/> Cancer/Tumors: _____</p> <p><input type="checkbox"/> Chronic Fatigue Syndrome: _____</p> <p><input type="checkbox"/> Thyroid Condition: _____</p> <p><input type="checkbox"/> Kidney Condition: _____</p> <p><input type="checkbox"/> Recent Infections: _____</p> <p><input type="checkbox"/> Fractures: _____</p> <p><input type="checkbox"/> Surgeries: _____</p> <p><input type="checkbox"/> Other Medical Procedures: _____</p>	<p><input type="checkbox"/> Chest Pain, Discomfort, Pressure <input type="checkbox"/> at rest <input type="checkbox"/> with physical exertion</p> <p><input type="checkbox"/> Shortness of Breath</p> <p><input type="checkbox"/> Fainting/lightheadedness</p> <p><input type="checkbox"/> Heart palpitations</p> <p><input type="checkbox"/> Coughing or Wheezing</p> <p><input type="checkbox"/> Back Pain</p> <p><input type="checkbox"/> Neck Pain</p> <p><input type="checkbox"/> Joint Pain, Swelling, or Stiffness</p> <p><input type="checkbox"/> Leg Pain</p> <p><input type="checkbox"/> Swelling of the feet or ankles</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Dizziness or fainting spells</p> <p><input type="checkbox"/> Currently Smoking</p> <p><input type="checkbox"/> Currently Exercising (# days/week) _____</p> <p><input type="checkbox"/> Cold/Flu in the last 2 weeks</p> <p><input type="checkbox"/> Fever in the last 2 weeks</p> <p><input type="checkbox"/> Recent weight changes (gain/loss) _____</p> <p><input type="checkbox"/> Pregnant/Previous pregnancies _____</p> <p><input type="checkbox"/> Depression/Anxiety:</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>

Do you have any other medical conditions or physical limitations that should be considered prior to your participation in an exercise program? YES NO (If yes, please explain)

Please list any current prescription medications, over-the-counter medications, or dietary supplements:

Describe any other issues that your trainer should be aware of prior to starting an exercise program: