



Request for Fitness Training

Real Results for Real People ... From Professionals Who Care!

Thank you for your interest in fitness training at Mount Vernon RECenter. Whether you want to improve health, improve sports-specific performance, or just look and feel good, we have a trainer waiting to develop a fun, innovative program for you. Let us help you:

- Set achievable goals based on your health and fitness level while providing the motivation and encouragement you need to reach them;
- Design a program custom-tailored to meet your individual needs and goals; and
- Measure your progress toward achieving your goals.

PROGRAMS OFFERED:

We offer **Individual**, **Small Group** (2-4 participants) and **Specialty** Instruction (Pilates Reformer Machine, Gravity Trainer). A trainer will be assigned to you, and will contact you directly.

ABOUT OUR TRAINERS:

All FCPA trainers are certified through nationally recognized certification programs. Our trainers have years of experience in fitness and personal training, and many have formal education in the fields of exercise science, physical education, exercise physiology, or a related field. The Fitness Director will assign a trainer based on availability, and, if necessary, specialty.

What are you interested in (please check all that apply)?

Personal Training (Individual)

Small Group Training (2-4 participants)
(please write names of other group members below)

Specialty Training (Pilates Reformer, Gravity GTS, PT/RD)

Other Fitness Services

	Type	Fee	Code
<input type="checkbox"/>	Fitness Evaluation (55-minutes) Body Composition with Calipers <i>Note: this can be included as the first session in a 6-session package.</i>	\$50	FITEVALCAL
<input type="checkbox"/>	Fitness Evaluation (55-minutes) Body Composition with In-Body230	\$55	FITEVAL230
<input type="checkbox"/>	Body Composition Analysis With In-Body230 Print Out	\$15	BODCOMP230
<input type="checkbox"/>	Body Composition Analysis with 30 Minute Consult	\$30	BODCOMP230C

Preferred Session Days

Preferred Times

Please take the section here to briefly explain your goals

Name (Please Print Legibly)

Phone Number

Email

Fitness Training Fees

Single Sessions (one visit):

- Individual 30-min = \$30.00
- Individual 55-min = \$50.00
- Small Group 55-min = \$60.00*
- Specialty Individual 30-min = \$35.00
- Specialty Individual 55-min = \$60.00
- Specialty Small Group 55-min = \$75.00*

**Fees for small group sessions are split equally between group members. For breakdown of per person prices, see Small Group Training Contract.*

6 Session Discount Packages (10% discount):

- Individual 30-min= \$162.00
- Individual 55 min= \$270.00
- Small Group 55 min= \$324.00*
- Specialty Individual 30 min= \$189.00
- Specialty Individual 55 min= \$324.00
- Specialty Small Group 55 min= \$405.00*

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Mount Vernon RECenter

2017 Belle View Blvd.
Alexandria, VA 22307
703-768-3224
www.fairfaxcounty.gov/parks

Mary Malof
Fitness Director
Mary.malof@fairfaxcounty.gov



The Fairfax County Park Authority is committed to equal access in all programs and services. Special accommodations will be provided upon request. Please call the ADA/Access coordinator at least 10 working days in advance of the date services are needed.

703.324.8563 (Phone) • 703.803.3354 (TTY) • www.fairfaxcounty.gov/parks/ada.htm

V. Feb 2011



PHYSICIAN'S MEDICAL CLEARANCE

Please complete and return to: Mary Malof, Fitness Director - Mount Vernon RECenter.

FAX # 703-765-0467 / Phone # 703-768-3224

Thank you for your assistance. Please call if you have any questions.

Member's Name: _____ Date of Birth: _____

I hereby authorize my health care provider to disclose individually identifiable health information to the above identified Fitness Director for the purpose of participating in Fairfax County Park Authority (FCPA) exercise programs. I have the right to revoke (or cancel) this authorization, but my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health information already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. Health information disclosed under this authorization might be re-disclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of my health care provider.

This authorization expires upon termination from facility.

Member's Signature: _____ Date: _____

Dear Dr. _____,

The above named patient has expressed an interest in beginning an exercise program at a FCPA Recreation center. Participation in the program will include involvement in a personalized exercise routine. Based on the responses given on a health history questionnaire, we are requesting medical clearance.

Please indicate any medication(s) currently taken by this patient/client and indicate any physiological effects the medication (s) may have:

Medication	Effect(s)
_____	_____
_____	_____
_____	_____

Physician's Recommendation:

_____ Patient **may** participate in a sub-maximal exercise program.

_____ Patient **may not** participate.

Physician's Contraindications and/or Exercise Limitations:

Physician's Printed Name

Physician's Signature

Date

E-Mail Address

Telephone

Fax Number



EXERCISE PROGRAM INFORMED CONSENT

I, _____, acknowledge that entering into an exercise program is designed to improve my personal fitness. I understand that in undertaking this exercise program, made available through the Fairfax County Park Authority (hereafter known as "FCPA"), some risk may be involved, and I fully assume that risk.

I understand and am aware that strength and aerobic exercise, including use of equipment, are potentially hazardous activities. I further understand that fitness activities may involve a risk of musculoskeletal injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent my safe participation or use of equipment except as hereinafter stated.

I understand that any fitness evaluation performed by FCPA personnel is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my exercise program. I have been informed of the need for a physician's approval for my participation in exercise-related activity and the use of fitness room equipment.

I have read and understand this form in its entirety and do hereby waive, release, and forever discharge FCPA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities.

Printed Name

Signature

Date

Witness – FCPA Staff Signature

Signature of Guardian if Minor