Louisville Recreation & Senior Center

PERSONAL TRAINING

Louisville Recreation & Senior Center, 900 W Via Appia, Louisville, CO 80027

303-666-7400

City of Louisville
Recreation & Senior Center

Introduction:

Are you new to strength training, wishing to learn more about the cardiovascular equipment, circuit or free weights, or just wanting an exercise program tailored to fit your needs? Consider personalizing your program with the help of one of our certified personal trainers today! Our Personal Training team can benefit people in several ways:

- To provide personal instruction and education in fitness areas.
- To tailor fitness programs to meet individual needs and limitations.
- To help people reach their personal fitness goals.
- To introduce people to a variety of exercise formats.
- To provide Fitness Assessments.

PACKAGES AND PRICING: Must PRE-PAY at the front desk. Each training session is an hour. In-Person & Virtual sessions available.

2023 PERSONAL TRAINING PRICING:

SESSION	PRIVATE R/NR	SEMI-PRIVATE R/NR*
1 Session	$52/$65	$40/$50 person
3 Sessions	$146/$182	$116/$145 person
5 Sessions	$236/$295	$183/$228 person
10 Sessions	$460/$575	$355/$443 person
*Both participants must attend to receive this rate		

PLEASE NOTE:

Personal training is non-refundable and non-transferable.
No more than 10 sessions can be purchased at a time.
Trainers cannot accept cash/tips as a City Employee.

***** 24 Hour Cancellation Policy *****

You must give your Trainer 24 hour notice if you need to reschedule a session otherwise you forfeit that session.

PAPERWORK:

In order for a trainer to properly determine a safe effective program to meet your needs, lifestyle & preferences, the trainer will need the below paperwork filled out prior to your fist meeting.

This packet contains the following forms:

- Pre-Activity Screening Questionnaire (PAR-Q)
- Personal Training Client Form
- Waiver of Liability Form

Based upon your Personal Training Client Form, your trainer may request a Physician's Release. Please understand that Personal Trainers cannot guarantee that you will reach your goals. Their purpose is to try and determine the best programs for the individuals they work with, but certain genetic factors, health factors, and adherence factors can affect progress toward a goal.

Louisville Recreation & Senior Center - Personal Trainer Bios

Anastasia B

anastasia87@rocketmail.com

Anastasia B. has worked in the fitness industry for 20+ years. She is a certified personal fitness trainer and group exercise instructor through the Athletics and Fitness Association of America (AFAA) and holds numerous certifications including Zumba, water, yoga & many more. She worked for about seven years with Marines, Sailors and their dependents at bases in California, Hawaii and Virginia before moving back to the Louisville area in 2012. **She specializes in core training, water- and land-based strength training, flexibility and injury recovery.**

Michael B

michael.jo.baird@gmail.com

Michael B is a certified personal trainer & strength & condition Specialist through National Strength & Conditioning Association (NSCA). Movement is Medicine, Let's achieve your health and fitness goals together. Simply moving correctly is the first step. Next add the things in your life that involve movement that you passionately want to continue like skiing, playing with your grandchildren, and living independently for example. Let's work together to improve your functional capabilities so that Activities of Daily Living are performed with ease. **He specializes in programs for Active Older Adults that build strength, muscle, and bone Density as well as programs that build strength and conditioning for athletes and weekend warriors.**

Terry T

terry@askewview.com

Her philosophy is working in collaboration with clients to create an individual exercise plan that helps them achieve their goals -wherever they are in their fitness journey. Working together we create a program that will improve your strength as well as your stability, mobility and flexibility. **She specializes in working with older adults.**

Juliet B

julietblevins@comcast.net

Juliet B is a certified personal trainer through the National Academy of Sports Medicine (NASM). She also has a Master's degree in psychology from the University of Florida, and has been a Board Certified Behavior Analyst (BCBA) since 2005. Juliet is a lifelong health and fitness enthusiast who enjoys helping people reach their fullest potential. With combined expertise in behavior and exercise, she enjoys customizing health and fitness routines to best suit each unique person. **She offers personalized goal setting and training based on the NASM Optimum Performance Training (OPT) model which is appropriate for people of all ages and fitness levels.**

Pre-Activity Screening

Name:_____ Member/Client Number: _____

Address:_____

Telephone (W):_____ Telephone (H):_____

Fax:_____ E-mail:_____

Gender:_____ Birth date:_____

Regular physical activity is enjoyable, safe, and healthy for most people. However, some individuals may have health-related risks that might be aggravated by participation in a physical-activity program, and, as a result, might require them to check with their physician prior to embarking on a physical-activity program. To help determine if there is a need for you to see your physician before beginning an exercise program, please answer the following questions carefully. All information will be kept strictly confidential.

I. PRE-ACTIVITY SCREENING QUESTIONS

Yes	No	
❑	❑	1. Has your physician ever told you that you have a heart condition?
❑	❑	2. Do you experience pain in your chest when you are physically active?
❑	❑	3. In the past month, have you experienced chest pain when not performing physical activity?
❑	❑	4. Do you lose balance because of dizziness or do you ever lose consciousness?
❑	❑	5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity?
❑	❑	6. Is your physician currently prescribing medications for your blood pressure or a heart condition?
❑	❑	7. Do you know of any other reason why you should not participate in a physical-activity program?

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, before having a fitness test or participating in a physical-activity program.

Agreement of Release and Waiver of Liability for the City of Louisville, their Personal Trainer's and their Clients.

Acknowledgement of risk: In registering for the below listed program(s) of the Louisville Department of Parks and Recreation, I realize that participation in recreation programs, fitness classes, sports leagues and other parks or recreation activities are or may be dangerous and do or may involve risks, including but not limited to risks of bodily injury, personal injury, death, and property loss or damage. I realize that these risks include without limitation potential physical injury or death from causes such as use, misuse or malfunction of recreation equipment; vehicle accident; slipping, falling or colliding with objects or other participants, and from a variety of other foreseeable and unforeseeable circumstances connected with parks or recreation activities. By this agreement, I hereby voluntarily agree to assume all such risks of injury, death, loss or damage arising out of or related to my engaging in or spectating at such programs and activities, regardless of cause.

Waiver and Release of Liability: By this agreement, I hereby waive, exempt, release and discharge the City of Louisville, its officers, employees, insurers, instructors, volunteers, officials, coaches, sponsors, partners or representatives, from any and all claims, demands and actions of any kind for any bodily injury, personal injury, death, property damage or other damage or loss that may occur in any way as a result of engaging in or spectating at the above-listed recreation program(s), regardless of whether or not caused by the act, omission, negligence or other fault of the City, its officers, employees or any other of the above-listed persons or entities, or any other cause.

Indemnification: By this agreement, I further hereby voluntarily agree to indemnify and hold harmless the City of Louisville, its officers, employees, insurers, instructors, volunteers, officials, coaches, sponsors, partners or representatives, from and against all liabilities, claims and demands, including any third party claims for injury, death, loss, or damage resulting from my participation, to the extent such liabilities, claims or demands are the result my own negligence or intentionally misconduct, or that of my minor child.

Consent for Publicity and Cancellation Advisement: I authorize and consent to the publication, whether by television, newsprint, written advertisements, website or internet posting or otherwise, of all or any portion of participant's name and any picture or image of participant taken in connection engaging in or spectating at any activity of the Louisville Parks and Recreation Department.

Parent Agreement (For Participant Under 18 Years Old): I acknowledge that I am the parent of the above-named participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and, in addition to execution of the foregoing on behalf of the participant and myself, I hereby waive and release any prospective claim of the participant against the City of Louisville, its officers, employees, insurers, instructors, volunteers, officials, coaches, sponsors, partners or representatives for negligence, to the extent provided by C.R.S. Section 13-22-107(3), in connection with the participant's engaging in or spectating at the above-listed program(s).

General: I acknowledge and agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, I agree the balance of this agreement shall continue in full force and effect.

Signed _____ Date _____

Witness _____ Date _____

PERSONAL TRAINING CLIENT FORM

Name: _____Birthdate/Age: _____

Email: _____ Phone: _____

Emergency contact name and number: _____

Preferred method of communication (circle one): email phone text

Days/times available for training: _____

_____

Number of sessions interested in (circle): 1 3 5 10 continual unsure

Please list your goal(s) for personal training: _____

_____

_____

Please list any injuries/diseases/conditions you have, past and present: _____

_____

_____

Describe your current exercise routine: _____

_____

_____

***** 24 Hour Cancellation Policy *****

You must give your Trainer 24 hour notice if you need to reschedule a session otherwise you forfeit that session. Please sign below as proof that you understand this policy.

**********TRAINER NOTES BELOW**********