



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HELPING YOU REACH YOUR GOALS

PERSONAL TRAINING

We all need the advice of an expert sometimes, as well as personal attention that comes with a trainer or a coach. The Kearney YMCA offers personal training and coaching to help you set and meet your specific fitness goals in order to live healthier. Our Personal Trainers achieve this by creating a unique program tailored just for you. Whatever your training goals are, we will take your fitness level to new heights! With Personal Training, you will receive a personalized program, individual and safe instruction, motivation, support and engagement.

FREE INITIAL CONSULTATION



YMCA PERSONAL TRAINING

Contact: Hallie Ganz

Group Exercise Coordinator

hganz@kearneymca.org

Kearney Family YMCA

4500 6th Ave

308.237.9622

<http://kearneymca.org>

INVEST IN YOUR HEALTH

PERSONAL TRAINING RATES					
30 MIN.		45 MIN.		60 MIN.	
Mem.	Non.	Mem.	Non.	Mem.	Non.
\$18 ea.	\$36 ea.	\$27 ea.	\$54 ea.	\$36 ea.	\$72 ea.
1-5 Session (s)					
\$16 ea.	\$32 ea.	\$24 ea.	\$48 ea.	\$32 ea.	\$64 ea.
6-20 Session (s)					
\$15 ea.	\$30 ea.	\$22 ea.	\$44 ea.	\$30 ea.	\$60 ea.
21+ Session (s)					

WEIGHT LOSS PROGRAM
12 Week Program
Member Perk: Attend 9 out of 12 classes and receive a gift card to the Kearney YMCA.
Ask Terri Miller for more information!
\$120
(Membership & Program Assistance is applicable to this program.)

ADD ON SERVICES	
Mem.	Non.
Customized Workout Plan Option	
\$20/week	\$40/week
Accountability Coaching	
\$10/week	\$20/week
Small Group Training	
Rates Vary. Contact us for more info.	

CONTACT
Hallie Ganz
Fitness Manager
hganz@kearneyymca.org

LET'S GET STARTED!

Personal Training Inquiry

Name: _____ Age: _____ Date: _____

Best Contact Number: _____ Email: _____

What is your goal?

<input type="checkbox"/>	Body Composition (Fat Loss)	<input type="checkbox"/>	Increased Endurance
<input type="checkbox"/>	Body Composition (Muscle Gain)	<input type="checkbox"/>	Medical/Rehabilitation
<input type="checkbox"/>	Increased Flexibility	<input type="checkbox"/>	Other:

How many days per week would you like to train? _____

What time of day?

When would you like to begin training? _____ Morning Afternoon Evening

Trainer preference: Male Female No Preference Spec. Trainer: _____

Preferred days you would like to train:

Mon Tues Wed Thurs Fri Sat Sun Unsure No Preference

Do you have any recent injuries/health issues? _____

Y STAFF NAME: _____ Date: _____