

PERSONAL TRAINING

ABOUT US

Personal training could be that “thing” you’ve been looking for! The Jackson County Parks/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.



PERSONAL TRAINING

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.



JACKSON COUNTY
PARKS & RECREATION DEPARTMENT

(828) 631-2020
355 Frank Allen Road
Cashiers, NC 28717
rec.jacksonnc.org





OUR PACKAGES

PERSONAL TRAINING

1 Session: \$45

5 Sessions: \$195

10 Sessions: \$385

** FITNESS ASSESSMENT- NOT INCLUDED IN PACKAGE: \$55**

PARTNER TRAINING

1 Session: \$65

5 Sessions: \$270

10 Sessions: \$500

TRAINING INFORMATION

*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.

PERSONAL TRAINING IS NOT INCLUDED IN MEMBERSHIP AND DOES NOT INCLUDE MEMBERSHIP!

CLIENT INFORMATION

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: _____

Do you currently exercise? YES NO
If yes, how often per week and what type of exercise do you prefer?

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

