

# Congratulations! You are done with Physical Therapy!

## LEARN ABOUT OSS PERSONAL TRAINING



### Focused on You

The OSS Personal Trainer creates a workout program based on you - your goals, your sports, your activities, and your body.



### Coordinated Training

The OSS team knows how to help you reach your goals. Plus, the OSS Personal Trainer is under the direct supervision of the OSS Doctors of Physical Therapy. Our collective fitness team keeps a close watch on you.



### Affordable and No Membership

OSS Personal Training costs less than many trainers you'll find at commercial gyms. Plus, there is no membership either! Pay as you go, or purchase a package and save for your 60-minute session(s).

**One at a Time** 1 Session: \$90

**Packages** 4 Sessions: \$85 / session

8 sessions: \$80 / session

## WANT TO GET STARTED WITH OSS PERSONAL TRAINING?



### Step 1

**Register for OSS Personal Training**

Just call to book.



### Step 2

**Start your workout and have fun!**



# Personal Training: Registration

**Instructions:**

1. Read and fill out this registration.
2. Pay for your OSS Personal Training to schedule your session(s).

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Height <sub>in</sub> \_\_\_\_\_ Weight <sub>lbs</sub> \_\_\_\_\_

Yes No

Have you had physical therapy?   Date you finished? \_\_\_\_\_

Have you worked with a personal trainer before?

Do you have a chronic illness?   If yes, what? \_\_\_\_\_

Do you have current physical limitations?   Describe: \_\_\_\_\_

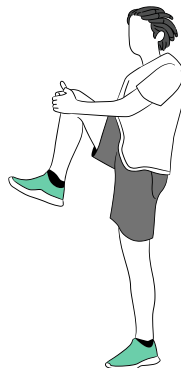
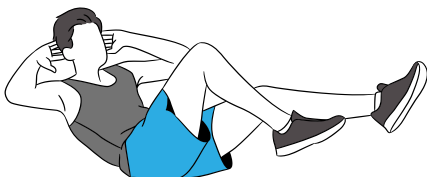
What are your goals for the personal training?

- Lose weight/ fat
- Build muscle
- Get Stronger
- Improve mobility/flexibility
- Improve sports performance
- Improve cardiovascular fitness/ endurance
- Train for an event
- Prevent falls?

Physical activity or exercise. Let's learn more:

Which sports / physical activities have you done in the past? \_\_\_\_\_

Which sports / physical activities would you like to do after personal training?





# Personal Training: Registration

This section shows your acknowledgement and consent of the the OSS Personal Training program.

*Please initial below.*

I acknowledge that I am purchasing one of the OSS Personal Training Programs. I understand the package cannot be transferred to another individual; the session(s) cannot be refunded; each package has a set expiration and each session lasts 60 minutes. Should a less than 24hr cancelation/ or no show occur, the session will be counted towards the package.

- 1 session \$90 (expires after 60 days)
- 4 sessions \$340 (expires after 60 days) (\$85/session)
- 8 sessions \$640 (expires after 90 days) (\$80/session)

I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by OSS.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release OSS and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited, heart attacks, muscle strain, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

**Client Consent.**

By signing this consent, I agree that I have read this form and/or I have received oral communications of all the information provided in this form. I understand the information, and have had my questions answered regarding this procedure and who will read the exam. In addition, I agree that I 1) understand the purpose of the fitness program; 2) understand the risks, benefits, and complications associated with the fitness program; 4) have truthfully informed Orthopaedic Surgery Specialists (OSS) of my current medical history and current medical conditions 5) am aware of possible alternatives; and 6) have been given the right to refuse to consent to the fitness program.

I have not been pressured to sign this consent and do so voluntarily. I understand that I may contact OSS at the address and phone number provided if I have any further questions about this form or the procedure. I am at least 18 years of age, of sound mind and not under the influence of alcohol or hallucinogenic drugs. I have no reservations and give my consent to start and complete the Personal Training sessions by my signature and date here.

Your Name:	_____	_____
	Print	Signature + Date

OSS Therapy Team Member (Witness):	_____	_____
	Print	Signature + Date