

MEDICAL HISTORY:

PLEASE LIST ANY MEDICAL ILLNESS/SURGERIES YOU ARE CURRENTLY DEALING/DEALT WITH IN PAST TWO YEARS:

<u>ILLNESS/SURGERY</u>	<u>MONTH & YEAR INCURRED</u>

SIGNATURE:

DATE:

RULES AND REGULATIONS

COVID-19 Safety and Liability

- Any group member that may be experiencing flu like symptoms of any sort, please refrain from attending a session.
- Please have a mask on upon entering the training space, until we distance ourselves for the workout.
- Coaches will instruct when masks can be removed.
- We suggest walking with hand sanitizer for your own personal hygiene.

Dress Code

- Clean, tidy and appropriate athletic or sports clothing, socks and covered athletic footwear must be worn at all times.

Etiquette and Behaviour

- Food and beverage are not allowed in the exercise areas, with the exception of drinking water and energy drinks.
- Smoking is strictly forbidden at all times.
- As courtesy to other users, persons are requested to return moveable exercise equipment to its designated place after use.
- Clients are requested to show courtesy and to respect the rights and integrity of other guests. Members are requested to refrain from shouting and other boisterous, dangerous or aggressive behaviour.
- Persons are asked to always have a towel on hand while working out.
- Please spray and wipe equipment down after use.

Safety and Liability

- MPHPT will not be responsible for any loss or damage of your valuables or other belongings.
- For safety reasons, you are requested to seek instruction and advice from the Personal Trainer/Coach prior to undertaking any new type of exercise activity or using a piece of equipment which is not familiar to you.

Payments

- Payments are to be made monthly and at the first session of each month.
- Any reduction in monthly costs are at the discretion of the trainer.

- Payments are ***non refundable*** unless session is cancelled by trainer. This includes in the event of trips made by client, tournaments etc
- All payments may be made in person or deposited directly to the bank account provided below:

BANK: FIRST CITIZEN'S BANK
ACCT NAME: MP HIGH PERFORMANCE TRAINING
BRANCH: PARK STREET, PORT OF SPAIN
ACCT NUMBER: 2426169

By signing this, I _____ agree to the stipulations laid out by MP High Performance Training.

Signature

Date
