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Extn.: Gym – 155 ; Gents SPA – 163 ; Ladies SPA - 168



SR.NO. _____

PERSONAL TRAINING REGISTRATION FORM
QUARTERLY / HALF YEARLY
(Exclusive for Annual SPA & Gymnasium Members)

Date: _____

1. I / We would like to enroll for Personal Training:

Mr./Mst. _____ Mrs./Ms. _____

(Above 14 yrs of Age as on date)

M'ship No.: _____

2. Under Trainer -

In-House Trainer (T) Mr./Ms. _____

Fitness Manager (FM) Mr./Ms. _____

Freelancer (FL) Mr./Ms. _____

3. Days of P.T. _____ Timing: _____

4. This enrollment form will be accepted only if the member or dependents concerned have registered themselves for the Face Recognition System, which is arranged at the Atrium from 7:30 AM to 10:30 PM daily.

5. Preferred Period – (Maximum 2 Persons Per Slot) [Swapping of Slots NOT ALLOWED]

6. Fees Structure: 60 Minutes Session

(Please Tick ✓ Below)

Description	Quarterly Fees (Basic + 5% GST = Total)	Half Yearly Fees (Basic + 5% GST = Total)
Period	1 st October to 31 st December, 2026	1 st October to 31 st March, 2027
In-house Trainer (T)	₹ 12,000/- + ₹ 600/- = ₹ 12,600/-	₹ 22,000/- + ₹ 1,100/- = ₹ 23,100/-
Fitness Manager (FM)	₹ 21,000/- + ₹ 1,050/- = ₹ 22,050/-	₹ 40,000/- + ₹ 2,000/- = ₹ 42,000/-
Freelancers (FL)	₹ 12,000/- + ₹ 600/- = ₹ 12,600/-	₹ 22,000/- + ₹ 1,100/- = ₹ 23,100/-

7. FREELANCERS available in Morning & Evening Sessions from Monday to Saturday between 06:30 am to 12:30 Noon.

8. Medical & Physical Readiness (PAR-Q) Please answer "Yes" or "No" to the following:

- Has a doctor ever said you have a heart condition? [Y / N]
- Do you feel pain in your chest when you perform physical activity? [Y / N]
- Do you lose your balance or lose consciousness due to dizziness? [Y / N]
- Do you have a bone, joint, or tendon issue that could be made worse by exercise? [Y / N]
- Are you currently taking any medications for blood pressure or heart conditions? [Y / N]
- Are there any other physical reasons why you should not follow an exercise program? [Y / N]

Note: If you answered YES to any of the above, we may require a physician's clearance before beginning high-intensity training.

9. Lifestyle & Experience

- Current Activity Level: [] Sedentary [] Occasional [] Active (3x/week+)
- Occupation: _____ (Does it involve sitting or heavy lifting?)
- Hours of Sleep (Avg): _____ Stress Levels (1-10): _____
- Dietary Style: _____

10. Waiver & Informed Consent

I understand that physical exercise involves a risk of injury. I voluntarily choose to participate in this program and assume all risks. I confirm that the information provided above is accurate to the best of my knowledge.

11. In case of Emergency, the Club House can contact on Mobile _____ other than the Mobile number/s registered with the Club House.

12. Rules & Regulations

- a) **Trainer Assignments:** Training slots are allotted only with the Fitness Manager's approval. Once assigned, requests to change trainers will not be entertained.
- b) **Missed Sessions:** Trainers cannot adjust or make up sessions if a member misses their scheduled day or time.
- c) **Trainer Cancellations:** If a trainer misses a scheduled session, they are responsible for compensating the member. These make-up sessions must be held on the trainer's scheduled day off and require a manager's signature for approval.
- d) **Session Duration:** Training sessions will strictly adhere to the allotted time and cannot be extended.
- e) **Punctuality:** Members are requested to arrive on time and stick to their assigned training schedule.
- f) **Slot Allocation:** Training slots are assigned on a first-come, first-served basis.
- g) **Fixed Pricing:** Training fees are non-negotiable and set per session, as our rates are already highly competitive to offer the best value.
- h) **Prohibition of Private Payments:** Any member attempting to offer private, "under-the-table" payments to trainers will face immediate penalties. Both the trainer and the member involved are subject to termination of membership and employment. Please be advised that all areas are under 24/7 CCTV surveillance.

13. Declaration

I Mr./Mrs. (Primary Member) _____, bearing Membership No. _____ declare and covenant as under:

- a. Due to the physical demands of exercise, I recognize that this fitness class may involve strenuous physical activities including muscle strength training, cardiovascular conditioning, and endurance training.
- b. I understand that there is a risk of personal injury by participating in this fitness program such as muscle strains, muscle pulls, muscle tears, shin splints, heat exhaustion, knee injuries, back injuries, foot injuries, broken bones, heart attacks.
- c. I / We, ensure to carry Club House Identity Card during the visit to the Club House and same will be produced as & when Staff on duty request for the same.
- d. In case of any injury or accident during using the Personal Training Facility, in such event I / We shall not hold the Club or its Representatives, Employees, Agents, Members of the Managing Committee, the Facility Management Team or its Proprietor, the Gym Instructors, Trainers or any of the Other Members using the Facility, liable or responsible and shall not seek any Legal Recourse against them, in any manner whatsoever.
- e. I / We, agree to follow all Rules & Protocols, guidelines and abide by Club House Rules, Memorandum & Articles of Association for availing Personal Training Facility and will also observe all written Notices or Verbal Instructions provided to me / us while using the Facility.
- f. The Club reserves the right to amend these Rules without prior notice, the details of which will be displayed on the Club House Notice Boards.

I have read & understood, agree and confirm the same.

M'ship No. : _____

Signature of Primary Member _____

For Office Use Only

Batch [_____]

₹ _____/-

Receipt No.: _____

Date : _____

Date: _____

Signature of Staff: _____