



Body Composition Registration

Welcome to UNT Rec Sports Personal Training!

Congratulations on your decision to invest in yourself! Our nationally certified personal trainers are excited to help provide you with individualized information to help you along your fitness journey.

To register for a body composition assessment, please complete and turn this packet in to the Member Services Desk at the UNT Recreation Center. A member of our fitness team will contact you within two business days after registration via phone call to schedule your assessment.

Please contact us with any questions or concerns:

MacKenzie Keidel, Fitness Coordinator: 940-565-2512 or MacKenzie.Keidel@unt.edu

Wendy Comfort, Assistant Director-Fitness: 940-565-2275 or Wendy.Comfort@unt.edu

Body Composition Assessment Policies & Reminders:

- A valid UNT Student ID or current Recreational Sports membership is required to participate. You must bring your ID with you to the session to access the facility.
- Please allow for 20-30 minute for your assessment.
- Assessments must be purchased prior to scheduling the session.
- Assessments are valid for one year from date of purchase.
- Please arrive on time for your session. Trainers are obligated to wait 15 minutes past your scheduled session. This will, however, be counted as a completed session.
- If you need to reschedule or cancel a session, you must notify your trainer at least 24 hours in advance. Failure to do so will result in loss of the session. If you are unable to contact your trainer directly, please contact the Rec Sports Member Service Desk at 940-369-8347.
- Assessments may not be refunded or transferred to another person for any reason. They are only valid for the individual to which they are sold.
- Be sure to wear athletic attire and closed toed shoes to all of your session. We recommend that you wear shorts, if possible.

Customer Copy



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RECREATIONAL SPORTS

www.recsports.unt.edu

940-565-2275 | 940-369-8347

UNT
EST. 1890



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Please sign acknowledging these policies and procedures.

Printed Name: _____

Signature: _____ Date: _____



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Body Composition Registration

Client Information:

First Name: _____

Last Name: _____

Please Select: Male Female

Age: _____

Cell Phone: _____

Email: _____

Preferred Method of Contact: Phone Call Text Message Email

Emergency Contact:

Name/Relation: _____

Phone: _____

Membership Type: Faculty/Staff

Student--Year: _____

Plus one/Dependent

Alumni

Retiree/Retiree Spouse

Continuing Student

Please share any additional information that might be helpful in selecting a personal trainer to meet your needs. You may request a specific trainer here.

Please indicate days & times that you could be available to schedule with a personal trainer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



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