



Youfit
HEALTH CLUBS



YouCoach

YouCoach Change & Cancellation Request Form

Date: _____

Club #: _____ Agreement Number: _____

Name

New Name

Current Address

Apartment #

City

State

Zip

Contact #

I wish to freeze or discontinue my personal training for the following reason (Choose One):

Move/ Travel Insufficient Usage Military Medical Joined New Gym Other: _____

_____ YouCoach Freeze:

You may **request** a personal training freeze for medical purposes only. Each freeze may be for no more than three consecutive months and you may only freeze your membership two times per 12 month period. Proof of your medical condition is required. For each month frozen there will be a \$50 charge and 1 session added to your account excluding for medical (with Doctor note provided) and military reasons. Requires thirty (30) days notice prior to next billing date and the fulfillment of three month minimum term.

_____ Stop Automatic Rollover - Month to Month:

If you wish to discontinue your Month-to-Month personal training you may do so at any time by completing this form & submitting it to Youfit. In order to discontinue billing Youfit requires advanced notice per your personal training agreement.

_____ Early Termination:

You may request a cancellation of your personal training at any time per terms of your agreement. In order for your request to be processed and approved all of the following terms must be met:

1. Payment of your account must be current.
2. Paid any fees or balance per terms of your agreement.
3. Proper notice must be provided per terms of your agreement.
4. You must surrender all YouCoach items.

_____ Military Deployment:

If you must discontinue your personal training due to military deployment you may do so by providing us with current proof of your deployment documents. These documents must show you being relocated to an area in which you will not be able to take advantage of your Youfit Health Clubs location.

By signing below I acknowledge that I understand that this is a request only for cancellation of my personal training & that it will take up to 30 days to process my request. If this request does not meet the requirements set forth in my contract, I will remain responsible for the balance due on my account and my cancellation request will be denied. In order for personal training to be cancelled the payment of a processing fee is required.

Member Name: _____ **Date:** _____

-----**Management Use Only**-----

Last Visit: _____ **Term** _____ **M-T-M** _____ **Term Expired Date:** _____

Next Date: _____ **Responsible for next invoice:** Yes No

Freeze Dates: _____ to _____ **Trainer:** _____

Past Due: Yes No **Employee Name:** _____ **Employee Initials:** _____