



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BAKER COUNTY YMCA LIFE COACHING CLIENT FORM

NAME: _____ DATE FILLED OUT: __/__/__

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____ DATE OF BIRTH: _____

PARTNERS NAME (IF APPLICABLE): _____ CHILD'S NAME (IF APPLICABLE): _____

REQUESTED TIME FOR SESSIONS: _____

OTHER COMMENT/REQUESTS: _____

I'VE READ AND UNDERSTOOD THE FOLLOWING:

The Client is aware that the coaching relationship does not represent psychological counseling or any kind of therapy. The Client is also aware that coaching results can vary and are not guaranteed. The Client agrees that they are entering into coaching with the understanding that the Client is responsible for their own decisions and results. The client also agrees to hold the Coach free from all liability for any actions or results for adverse situations created as a direct or indirect result of advice given by the Coach.

Session Contract Procedure: If you cannot attend a schedule session, please contact the Front Desk at least 24 hours in advance. In case of an emergency cancellation, please contact the front desk of the YMCA ASAP. If I cannot make a scheduled session, I will contact you at least 24 hours in advance. In an emergency situation, I will request the front desk staff at the YMCA to notify you ASAP.

CLIENT SIGNATURE: _____ DATE: _____

COACH SIGNATURE: _____ DATE: _____

FOR EMPLOYEES TO FILL OUT

Initial Intake Session _____

Monthly Fee _____ or Per Session Fee _____

Check _____ Cash _____ Other _____

EMPLOYEE INITIAL _____