



SFK 1:1 Coaching

CLIENT PROFILE

Client Name _____ DOB: _____

If under 18, Parent/Guardian Name _____

Contact number _____

1. Client goals and areas of development

Please write in the space below what you are looking to work on during these sessions. Please give as much detail as you like.

2. I would like ____ sessions per _____

3. I wish to make payment via:

- Cash
 Bank transfer

4. My availability

- Morning (8am-12pm) Afternoon (12pm-4pm) Evening (4pm-9pm)
- Monday Tuesday Wednesday Thursday
- Friday Saturday Sunday



SFK 1:1 Coaching

AGREEMENT POLICY

Client Name _____

If under 18, Parent/Guardian Name _____

I understand and agree to the following terms and conditions

1. Fees and Payment

I agree to the following session plan:

___ x 1 hour session _____ at a rate of £___ per _____

Payment of fees for each coaching session will be due prior to the beginning of the session unless alternative payment options are arranged.

2. Scheduling

Sessions are to be made by appointment only. Appointments can be made in person or by phone but only with assigned coach.

3. Cancellation

Cancellations must be made at least 24 hours prior to the training session. Late cancellations will be charged 50% of the session fee which must be paid before the next session. The coach also reserves the right to cancel a session at least 24 hours prior to the coaching session, and where possible, an alternative date/time will be offered.

4. Location

The location of each session is decided upon agreement between the client/or parent/guardian and the coach. The coach reserves the right to change the location of the session up until 90 minutes before the session start time due to unforeseen circumstance such as the weather or facility availability.

Client Name _____ **Date** _____

Client or Parent/Guardian Signature

Coach Signature

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