

Fitspiration Personal Training & Nutrition Registration Form

Name: _____ Start Date: _____

Birthday: _____ Height: _____ Weight: _____

Occupation: _____

Street Address: _____

City: _____ Zip: _____

Phones: Cell: _____ Home: _____

Work: _____ Email: _____

Emergency Contact Name/Phone: _____

How did you hear about Fitspiration? _____

Current injuries: _____

Prior Surgeries: _____

Medications: _____

Any feet, Ankle, Calf, Knee, Thigh, Hip, Lower Back, Upper Back, Neck,
Shoulder, Arm, Elbow, Forearm, Wrist, or Hand
conditions? _____

Goals: _____

NO SHOW POLICY: Please call Jessica 24 hours before a scheduled session in order for you to change or cancel that session, otherwise you will be charged for the session.

Signature: X _____

REFUND POLICY: Sessions are paid in advance and will expire in 30 days unless the client has a medical condition. For medical reasons, unused sessions will be frozen until client can return. Unused sessions cannot be redeemed for cash.

VALUABLES: Valuables left in the lockers or anywhere on the premises are at the client's own risk.

Signature: _____ Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Yes No 1. Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?

Yes No 2. Do you have chest pain when you do physical activity?

Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?

Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No 6. Is your doctor currently prescribing drugs (water pills for example) for your blood pressure or heart condition?

Yes No 7. Do you know of any reason why you should not do physical activity?

Yes No 8. Are you over the age of 65 and not accustomed to vigorous exercise?

Yes No 9. Would you say your lifestyle is sedentary?

Medical History/Health Status Questionnaire:

Medication, Yes

Yes No 1. Heart Disease _____

Yes No 2. Stroke _____

Yes No 3. High Blood Pressure _____

Yes No 4. Metabolic Disease (thyroid, renal, liver) _____

Yes No 5. Cancer _____

Yes No 6. Lung/Pulmonary Disease(difficulty breathing) _____

Yes No 7. Kidney/Liver Disease _____

Yes No 8. Ulcer (stomach) _____

Yes No 9. Gastrointestinal Disease _____

Yes No 10. Depression _____

Yes No 11. Diabetes _____

Yes No 12. Arthritis _____

Yes No 13. Food Allergies confirmed by a physician _____

Yes No 14. Neuromuscular Disease _____

Yes No 15. Arteriosclerosis _____

Yes No 16. Gallbladder Disease _____

Yes No 17. Low back pain within last 6 months _____

Yes No 18. Psychological Problems _____

Yes No 19. Anorexia _____

Yes No 20. Bulimia _____

Yes No 21. Compulsive Overeating Disorder _____

Yes No 22. Pregnant/Lactating/Trying to Conceive _____

Yes No 23. Chronic Pain _____

Yes No 24. Shortness of breath perhaps during light exercise/standing/at night ____

Yes No 25. Dizziness/Fainting _____

Yes No 26. Ankle Edema (swelling) _____

Yes No 27. Rapid throbbing or fluttering of the heart _____

Yes No 28. Severe pain in leg muscles during walking _____

Yes No 29. Heart Murmur _____

Yes No 30. Family history of cardiac or pulmonary disease prior to age 55 _____

Yes No 31. Assessed as hypertensive on at least 2 occasions _____

Yes No 32. Serum Cholesterol greater than 240 mg/dl _____

Yes No 33. HDL(good cholesterol) measured at greater than 60 mg/dl _____

Yes No 34. Cigarette Smoker _____

I have read and understand all the questions above accurately and honestly.

Signature: _____ Date: _____

Client's Agreement, Release and Acknowledgement of Risk:

Fitspiration Personal Training & Nutrition thanks you for your support. To provide you the opportunity to maximize your fitness goals, I would like your input. Your observations and opinions are a valuable resource that I would like to utilize. Please notify me if you become aware of any problems of defective equipment at this facility. This is your gym and your chance to participate in its management. I would also like to remind you that it is your responsibility to make certain your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise program.

1. I warrant that I am in good health and that I have notified Jessica of any pre-existing medical conditions that I have.
2. The storage of valuables is at my own risk.
3. If equipment is defective, I will not use it and I will report its condition to a staff member of the gym.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless, Jessica Venema and Fitspiration Personal Training and Nutrition Inc., for any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of the equipment provided, including any such claims which allege the negligent act or omissions of Fitspiration Personal Training and Nutrition Inc.
6. Should Fitspiration Personal Training and Nutrition Inc. or anyone acting on their behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature: _____ Date: _____

*If client is under 18 signature of parent or guardian is required.

Signature of Parent or Guardian _____ Date: _____

Print Name: _____ Phone: _____

Parent Street Address: _____

City: _____ Zip: _____

Health and Fitness Goals:

This questionnaire will help me to understand your personal health and fitness goals. It is also a “contract” in which I ask you to make a commitment to three concrete goals toward fitness and health. This section, health and fitness goals is not a legal contract with me but rather a personal contract you make with yourself and with other concerned with your health. Please feel free to ask questions. Your response will be treated in a confidential professional manner.

Print Name: _____ Date: _____

Please indicate your personal health and fitness related goals:

- | | |
|--|---|
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Lower cholesterol |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Gain muscular size |
| <input type="checkbox"/> Feel better | <input type="checkbox"/> Look better |
| <input type="checkbox"/> General fitness | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Sports specific | <input type="checkbox"/> Improve diet |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Aerobic Fitness |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Muscular strength |