

FITNESS TOGETHER Information Sheet

Name: _____ Start Date: _____

Birthday: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ ZIP: _____

Phones: Home: _____ Work: _____

Email: _____ Mobile/Pager: _____

Place of Employment: _____

How did you hear about FT? newspaper ___ direct mail ___ internet ___ other _____

PLEASE LIST ANY:

CURRENT & PRIOR INJURIES: _____

PRIOR SURGERIES: _____

MEDICATIONS: _____

EMERGENCY CONTACT INFORMATION: _____

NO SHOW POLICY: *Please call FT by 8pm the night before a scheduled session in order for you to change or cancel that session, otherwise you will be charged for the session. _____ initial*

REFERRALS: *If you refer a friend or relative to us and they purchase a training package, we would like to thank you by giving you \$90 or a free session, whichever you prefer. _____ initial*

REFUND POLICY: *Sessions that are paid in advance will be held as credits to your account. These credits cannot be redeemed for cash value. _____ initial*

50% SPLIT PAYMENT: *24/36/50 session package: 2nd payment is due 30 days from initial session. 75/100 session package: 2nd payment is due 60 days from initial session. 1st payment _____ 2nd Payment _____ initial*

FITNESS ASSESSMENT: *As a new client to Fitness Together you will receive a Fitness Assessment and a balanced Nutrition Plan. This will help us set goals, track progress and keep track of your personal health concerns, needs and measurements as well as promote good eating habits. You will receive a detailed printout of results including charts, graphs and suggestions.*

Signature _____ **Date:** _____

PAR-O.

- Yes No** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No** Do you feel a pain in your chest when you do physical activity?
- Yes No** In the past month, have you had chest pain when you were not doing physical activity?
- Yes No** Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No** Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No** Do you know of any reason why you should not do physical activity?

ACSM HEALTH STATUS QUESTIONNAIRE

- Yes No** Do you have any personal history of heart disease?
- Yes No** Do you have any personal history of metabolic disease (thyroid, renal, liver)?
- Yes No** Have you had diabetes for less than 15 years?
- Yes No** Have you had diabetes for 15 years or more?
- Yes No** Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Yes No** Any unaccustomed shortness of breath (perhaps during light exercise)?
- Yes No** Have you had any problems with dizziness or fainting?
- Yes No** Do you have difficulty breathing while standing or sudden breathing problems at night?
- Yes No** Do you suffer from ankle edema (swelling of the ankles)?
- Yes No** Have you experienced a rapid throbbing or fluttering of the heart?
- Yes No** Have you experienced severe pain in leg muscles during walking?
- Yes No** Do you have a known heart murmur?
- Yes No** Do you have any family history of cardiac or pulmonary disease prior to age 55?
- Yes No** Have you been assessed as hypertensive on at least 2 occasions?
- Yes No** Has your serum cholesterol been measured at greater than 240 mg/dl?
- Yes No** Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Yes No** Are you a cigarette smoker?
- Yes No** Would you characterize your lifestyle as "sedentary"?

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

Signature_____

Date_____

HEALTH AND FITNESS GOALS

This questionnaire will help us to understand your personal fitness goals. It is also a "contract" in which we ask you to make a commitment to three concrete steps towards fitness and health. It is not a legal contract with us but rather a personal contract that you make with yourself and with others concerned with your health. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

NAME: _____ TODAY'S DATE: _____

Please indicate your personal health and fitness-related goals:

- | | | |
|------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Reduce Back Pain |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Improve Diet |
| <input type="checkbox"/> Feel Better | <input type="checkbox"/> Lower My Cholesterol | <input type="checkbox"/> Aerobic Fitness |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Muscular Size | <input type="checkbox"/> Muscular Strength |
| <input type="checkbox"/> Sports Specific | <input type="checkbox"/> Look Better | <input type="checkbox"/> Injury Rehab |

Please tell us more about your exercise patterns and goals: What is your exercise history?

What health improvements do you need?

What other health improvements do you want?

What are your activity preferences?

What barriers to success do you anticipate?

How will you know you are succeeding?

What is your motivation level?	High	Medium	Low
What is your confidence level?	High	Medium	Low

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit "To arrive, ready for exercise, on Mondays, Wednesdays and Fridays by 6:30pm". These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify your personal commitment.

Commitment #1: _____.

Commitment #2: _____.

Commitment #3: _____.

Signed: _____

Witnessed By: _____

PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

We thank you for your continued support and membership in our health club facility. In an effort to provide you with opportunities to maximize your fitness goals, we would like to solicit your input. Your observations and opinions are a valuable resource that we would like to utilize. We are asking that you agree to notify us if you become aware of any problems or defective equipment at this facility. This is your club and your chance to participate in its management. We would also like to remind you that this is your responsibility to make certain that your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise regime.

1. I warrant that I am in good health and that I have notified the club 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 club.
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, Fitness Together (hereinafter collectively referred to as "FT"), 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 FT's equipment or facilities, including any such claims which allege the negligent acts or omissions of FT.
6. Should FT, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. In the event that I file a lawsuit against FT, I agree to do so solely in the District of Columbia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

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

Signature: _____ Date: _____

***If under 18 signature of parent or guardian is required:**

Signature of Parent or Guardian: _____
Date: _____
Print Name: _____
Parent Street Address: _____
City: _____ ZIP: _____
Phone: _____

**THANK YOU FOR CHOOSING FITNESS TOGETHER TO HELP YOU ACHIEVE
YOUR FITNESS GOALS**