



Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Cell: _____

Emergency Name: _____ Phone: _____

How did you hear about the Club? _____

Have you ever been a member of a health club before? Yes _____ No _____

If yes, when _____

Are you currently involved in regular exercise? Yes _____ No _____

If yes, what type: _____

How often? 1x/wk _____ 3x's/wk _____ 5x's or more _____

What are your main fitness goals? (circle all that apply)

- Prevent/overcome illness
- Lose weight
- Develop Strength
- Meet other active people
- Relieve stress
- Other _____

I am interested in: (circle all that apply)

- Group Classes
- Strength Training/Machines
- Personal Coaching
- Semi-Private Coaching (2-4 ppl)
- Yoga/Pilates
- Massage
- Tennis

Why do you want to be a part of this program? _____

Signature: _____ Date: _____

Health & Fitness Questions



1. Do you currently use tobacco? Yes _____ No _____
If yes, how often? Daily _____ Weekly _____ Infrequently _____

2. Do you use alcohol? Yes _____ No _____
If yes, how many drinks per week _____

3. Nutrition: How many meals do you eat per day? _____

What is a normal day's food consumption?

4. How many glasses of water a day do you consume? _____

5. How many hours/min./miles a week do you walk? _____

6. Do you get winded easily when you walk or climb stairs? Yes _____ No _____

7. Do you feel or have you ever been told by a physician that you are over weight
Yes _____ No _____

8. Flexibility: Do you have difficulty bending over to tie your shoes or to pick up something off the floor? Yes _____ No _____

9. On a scale of 1 - 10 (1 is weak & 10 is strong), how strong do you think you are? _____

10. On a scale of 1 - 10 (1 being unfit and 10 being very fit), for your age, how fit do you think you are in relation to others in your age range? _____

11. Would you like to work out with another participant in this program?
Yes _____ No _____

12. How motivated are you, on a scale of 1-10, (with 1 being not motivated & 10 being highly motivated) for:

Improving your diet _____ Improving your health _____ Improving your sleep _____
Learning how to exercise _____ Increasing your energy _____ Improving body image _____
Stopping smoking _____ Attending seminars _____

Free Membership Requirements & Guidelines |

2011 Addendum



In order to participate in this program you must be a full-time local resident between 22 & 85 years of age and currently not a member of a fitness center.

Please initial each line below to acknowledge the requirements you must follow in order to participate in this free fitness research study.

- _____ 1. Member may use the fitness facility from 12:00pm – close Mon.- Fri. with unlimited usage on Sat. & Sun.
- _____ 2. Member MUST CHECK-IN a minimum of 3 times per week & workout for a minimum of 60 minutes.
- _____ 3. If member does not work out a minimum of 3 times a week for at least 60 minutes, the member must pay \$20.00 for that week – to be deducted via eft once a month, up to a maximum of \$80.00/month.
- _____ 4. There is a health deposit of \$100.00, which will be refunded at the end of the 16 weeks if the program is completed, & if a minimum of 16 weeks with 3 visits per week are completed. If member drops out prior to the 16 week completion, the \$100.00 is forfeited. If you fail to complete the program, there will be a cancellation fee of \$150.00 plus the \$100.00 health deposit will not be refunded. This is a research study & cannot be successful without the total commitment of each and every participant.
- _____ 5. Any medical exemption will require a written note from member's physician in order to avoid penalties for missed time.
- _____ 6. Member can miss a maximum of 4 visits during the 16 week program, but no freeze time will be given.
- _____ 7. No rollover weekly visits will be permitted.
- _____ 8. Excused Absence Policy: 4 excused absences in 16 week period **MUST** be in writing. Excused absences are only permissible to receive the \$100 health deposit back at the end of the program.
- _____ 9. Member agrees to participate in Pre and Post Program Orientation.
- _____ 10. Member agrees to participate in before and after program photos.
- _____ 11. Member agrees to participate in program body assessments.
- _____ 12. Member agrees to participate and attend 2 group exercise classes each month, for a total of 8 classes over the course of the program.
- _____ 13. Member agrees to record weekly weight, fitness and diet statistics in a private weight loss journal. A \$10.00 per week penalty will be applied if journals are not turned in.

IT IS THE MEMBER'S RESPONSIBILITY TO CHECK IN WITH FRONT DESK STAFF AND BE SURE THE MEMBER'S ID CARD IS SCANNED EACH TIME THEY WORK OUT AT THE CLUB. THERE ARE NO EXCEPTIONS TO THIS RULE.

Declaration of known medical conditions, medications, and any known physical limitations



Client Name: _____

_____ I do hereby declare that I **have not** been prescribed any medications for any known existing medical conditions.

_____ I do hereby declare that my physician has prescribed me, the following medications for these stated medical conditions:

MEDICATIONS

CONDITIONS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in a fitness evaluation test/fitness research study.

_____ I do hereby declare to be physically limited in ways, which may hinder full participation in a fitness evaluation test/fitness research study. My limitations are as follows:

Physician Name: _____ Phone: _____

Client Signature: _____ Date: _____