**I. Training Profile**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | | | |
|
| **Male:** |  | **Female:** |  | **Date Of Birth:** | ***m*** | ***d*** | ***y*** |
|
| **Street Address:** | | | | | | | |
|
| **City:** | | | | **State:** | **Zip:** | | |
|
| **Home Phone:** | | | | **Cell Phone:** | | | |
|
| **Email Address:** | | | | | | | |
|
| **Emergency Contact: Phone:** | | | | | | | |
|

**II. Goals**

1) What would you like to accomplish in the next 30 days?



2) What would you like to accomplish in the next 90 days?



3) In 6 months, what do you hope to accomplish?



Check the top 3 areas you would like to see improvement:

Fitness Fat Loss

Toning Conditioning

Flexibility Strength

Balance Confidence ­

U

How did you hear about us? ­

**III. Medications**

List any medications taken regularly and reason for taking:

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Personal Health History**

Please check if you have a personal history of any of the following:

\_\_\_ Heart Disease

\_\_\_ Heart Murmur

\_\_\_ Chest Pain

\_\_\_ Colitis

\_\_\_ Epilepsy

\_\_\_ Anemia

\_\_\_ Diabetes

\_\_\_ Back Pain

\_\_\_ Anorexia

\_\_\_ Irregular Heartbeat

\_\_\_ Kidney Disorder

\_\_\_ Stroke

\_\_\_ Arthritis

\_\_\_ Shortness of Breath

\_\_\_ Pregnant

\_\_\_ Joint Pain

\_\_\_ Bulimia

\_\_\_ Cancer

\_\_\_ Gallbladder

\_\_\_ High Blood Pressure

\_\_\_ Fainting

\_\_\_ Exercise Induced Asthma

\_\_\_ Hyperglycemia

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Health History Questions**

Please answer the following questions as thorough and honest as possible.

1. Do you smoke? \_\_\_ Yes \_\_\_ No

If Yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you presently exercising? \_\_\_ Yes \_\_\_ No

If Yes, how many times per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do your workouts consist of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Have you done weight training in the past? \_\_\_ Yes \_\_\_ No

If Yes, how long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How many meals do you eat daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many meals do you “eat out” weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you currently taking vitamins/supplements? \_\_\_ Yes \_\_\_ No

If Yes, what are you taking?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Release**

I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in any personal training program or physical activity. I hereby waive all claims against Fitness Fortress, LLC and it’s trainers of said program individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is a risk of injury associated with participation in any exercise program and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

Parents or guardians must sign if applicant is under the age of 18.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent of Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Witness Date