



New Client Information Form

In order to assure that your Phoenix Fitness personal training program is specifically tailored to your goals and abilities, please provide the following information. Please be assured that any information that is obtained regarding your fitness level and your progress will be treated as confidential and will not be accessible to any person other than Phoenix Fitness employees without your express written consent.

Date _____ Name _____
 Birthdate _____ E-Mail Address _____
 Address _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 In case of emergency, who may we contact?
 Name _____ Relationship _____ Phone _____
 Who may we thank for referring you to our studio? _____
 If you found us on line, please specify through which internet resource (i.e Facebook, Google+, Twitter, etc)

Current Level of Activity (circle one):

Sedentary Mildly Active Active Very Active

Tell us more about your activities: _____

Use the following scale to rank your fitness goals. Write the number that corresponds to your ranking in the blank space provided.

Not that important Somewhat important Extremely important
 1 2 3 4 5 6 7 8 9 10

| | |
|------------------------------------|-------------------------------------|
| ___ Improve Cardiovascular Fitness | ___ Weight loss |
| ___ Reshape or tone my body | ___ Improve performance for a sport |
| ___ Improve flexibility | ___ Increase energy level |
| ___ Increase strength | ___ Enjoyment |
| ___ Feel better | ___ Improve function |

If you would like, please elaborate further on your fitness and health goals: _____

To your knowledge have you had any of the following?

| | |
|---|-----|
| Rheumatic Fever | Y N |
| High blood pressure | Y N |
| Low Blood Pressure | Y N |
| Elevated blood lipids (fats) or cholesterol | Y N |
| Cancer | Y N |
| Diabetes | Y N |
| Heart or circulatory disease | Y N |
| Heart murmur, angina | Y N |
| Pulmonary (lung) disease, asthma | Y N |
| Disease of thyroid, kidney, or liver | Y N |
| Back injury | Y N |
| Knee or lower extremity injury | Y N |
| Arm or Shoulder injury | Y N |

Have you ever been diagnosed with any soft tissue or joint problems? Y N

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Y N

Do you often feel faint or have spells of severe dizziness? Y N

Seizures Y N

Surgical Procedure(s) Y N

Are you pregnant? Y N

Do you smoke? Y N

If you answered Y to any of the above, please elaborate _____

Are you taking any medications? Y N

If yes, please elaborate _____

Family History

Have any of your first degree relatives (parent, sibling or child) experienced the following conditions?

| | |
|--------------------------|-----|
| Heart attack | Y N |
| Heart operation | Y N |
| Congenital heart disease | Y N |
| Stroke | Y N |
| High-blood pressure | Y N |
| High-cholesterol | Y N |
| Diabetes | Y N |

Please explain any items that you answered yes to: _____

Acknowledgement of Risk, Waiver and Release: *I have been informed of, and understand and acknowledge the potentially dangerous effects of strenuous physical activity. I further understand and acknowledge that Phoenix Fitness Services recommends that I have a physical examination and consult with my physician before beginning a strenuous exercise program. I acknowledge that I have either had a physical examination and received my physician's approval to participate or that I have decided to participate in this activity without the approval of my physician.*

I acknowledge and understand that I am voluntarily participating in personal training and that my participation is not required by anyone. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury including death, and for any property damage that may be sustained by me as a result of participation in this activity. I release and discharge Phoenix Fitness Services, its owners, employees and agents and their heirs, successors and assigns from any responsibility or liability for any injury, including death, and for any damage to or loss of property that I may suffer due to my participation in this activity. I further agree to indemnify and hold harmless Phoenix Fitness Services, its owners, employees and agents, and their heirs, successors and assigns, from any loss, claims, liability, damage, or cost, including court costs and attorneys' fees that may occur due to my participation in this activity.

Signature of Participant (or Legal Guardian if Participant is under age 18)

Date



STUDIO POLICIES

Thank you for choosing Phoenix Fitness for your personal training. Please read our policies and sign at the bottom to indicate your agreement and understanding.

Rescheduling or Canceling Appointments: Please give us 24 hour notice if you cannot make your scheduled appointment. You may be charged for any appointments cancelled or rescheduled with less than 24 hour notice.

On Time Policy: Each session is based upon a given amount of time. In order to get the most out of your session, please be ready to start at the appointed time. If you are running late please call. If you are late for a session we will try to give you the full time allotment; however, if other scheduling obligations prevent us from doing so, we may end the session at the originally scheduled time of completion.

Studio Use: You may use the studio during hours that you are not scheduled for a training session as long as your package is active. If you use the studio during hours that you are not scheduled for a training session, you understand that such use is unsupervised and you are using the studio at your own risk. In order for a package to remain active, you must attend a scheduled training session at least once every 10 days unless previous arrangements have been made with and approved by Phoenix Fitness management. Once the last session in your package is used you must purchase a new package in order to continue to have use of the studio. Your package must be completed within 6 months of the date of purchase or your remaining visits may be forfeited.

Transfers: Personal training services may not be transferred to another individual.

Refunds: Refunds will not be given except at the discretion of management.

Read and understood: _____ Date: _____

Signature of Participant (or Legal Guardian if Participant is under age 18)

New Client Checklist please initial

Studio policies explained ___ Sign in sheet set up and explained ___

Schedule set up ___ Instructed in use of cardio-equipment ___

Permission/Request to use social media ___