



Freestyle Fitness Client Database Form

Please help us update our files by providing the following information:

*Please answer all questions accurately. All information is confidential
And cannot be copied, mailed, faxed, or distributed, in any way
Without the written consent of the client*

First Name: _____ Last Name: _____ Today's Date: _____

Please Circle: (Ms., Mrs., Miss, Mr., Dr.,) Birth Date: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail (very important): _____

Emergency Contact: _____ Home: _____ Cell: _____

Physician: _____ Office Location: _____ Phone: _____

Referred By: Friend: _____ Advertising: _____ Other: _____

Occupation: _____ Company Name: _____ Years worked _____

Company Address: _____ Position: _____

Number of Children: _____

Names & Ages: _____

Schools: _____



Informed Consent

First Name: _____ Last Name: _____ Today's Date: _____

I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage that may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise does exist. They include: abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attack. Every effort will be made to minimize them by preliminary examination and by observations during situations that may arise. I hereby acknowledge and except these risks. To my knowledge, I do not have and limiting physical conditions or disability that would preclude an exercise program.

Signature

Date

Physician's Approval Needed

Yes _____ No _____

A physician's examination should be obtained by all participants prior to involvement in the exercise program (see attached sheet). If a participant refuses to obtain a physician's permission, he/she must sign the following statement:

I, _____ have been informed of the need for a physician's approval for participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

I accept complete responsibility for my health and well being in the voluntary exercise-fitness program and related testing and understand that no responsibility is assumed by the leaders of the program or sponsoring agency.

Signature

Date

Freestyle Fitness REPORT OF FINDINGS

How would you describe your current lifestyle?

How would you best describe your current "activity level"?

Very light Light Moderate Heavy Very Heavy

Does your family have a history of coronary artery disease, thyroid condition, diabetes or any other hereditary disease? If so, please explain.

Date of last medical exam? _____ Purpose? _____

Do you have plans for a future exam/appointment? If so, when? _____

What are your cholesterol levels? Total ____ HDL ____ LDL ____ Your goal _____

Have you been hospitalized in the last two years? If so, please explain.

Do you have any orthopedic concerns? If so, please circle the area and explain.

Back _____

Neck _____

Knees _____

Shoulders _____

Hips _____

Elbows _____

Wrists _____

Ankles _____

Others _____

Do you have any muscular concerns? If so, please circle the area and explain.

Low Back _____

Neck _____

Shoulders _____

Hamstrings _____

Other _____

Please check the following for which you have been diagnosed or treated by a physician or health professional:

- | | | | |
|-------------|-------------|--------------|-----------------|
| Alcoholism | Obesity | Anemia | Osteoarthritis |
| Asthma | Back Strain | Thyroid Hypo | Diabetes I / II |
| Concussion | Epilepsy | Hypoglycemia | Heart Problems |
| Neck Strain | Other _____ | | |

Do you have any allergies? If so, please explain.

Please list any medications taken in the last 6 months:

<u>Medication</u>	<u>Purpose</u>	<u>Trainers Notes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you smoke? Yes / No If so, how much? _____

Have you ever smoked? Yes / NO Quit date? _____

Are you currently Pregnant? Yes / No If so, due date? _____

Comments: _____

24 Hour Cancellation Agreement

In fairness to all clients and trainers, Freestyle Fitness enforces a strict 24-Hour Cancellation Policy. In the event that a client needs to cancel a scheduled session **within 24 hours** of the scheduled session, the trainer reserves the right to charge the session as a “**late cancel**”, at which point the client shall lose the use of that session--this includes sessions booked and canceled the day of the scheduled training session. Furthermore, if a client fails to show up to a scheduled session without prior notice of cancellation, the trainer reserves the right to charge the session as a “**no show**”, at which point the client shall lose the use of that session. In the event that the trainer is able to reschedule a session cancelled within 24 hours of the scheduled session to an earlier or later time slot for the same day, the client may retain the use of the session. Rescheduled sessions are not guaranteed and are booked on a first come first serve basis.

Refund Policy

Training sessions are fully refundable prior to the start of any training package. Once a training package has been opened and any sessions have been used from that package, the remaining sessions may only be used, sold, or transferred to another Freestyle client.

The FREESTYLE Guarantee

The trainers at Freestyle Fitness are all very good at what they do. When you are working with a Freestyle trainer you can rest assured that you are working with one of the most experienced and knowledgeable trainers in the industry. This is why we GUARANTEE results. If you correctly follow all eating and training advice given to you by a Freestyle trainer and do not reach a realistic goal you set out to reach after discussing and agreeing to that goal with a Freestyle trainer, you will train for free until you reach that goal.

I have read the above agreement in its entirety and fully understand and agree to the terms.

Signature

Date