



Registration Form

Print this page and bring to first meeting

CHOOSE YOUR PROGRAM Boot Camp Personal Training

I am a New Client Returning client

* If you are a returning client without changes to your profile, you may skip the Medical Questionnaire and proceed to complete Consent and Release section, otherwise please fill out the form completely.

PERSONAL INFORMATION

Name _____ Last Name _____

Email address _____ (*required)

Address _____

City _____ Zip Code _____ State _____

Primary Phone Number (required) _____ Cell Phone (optional) _____

Birth date _____

EMERGENCY CONTACT INFORMATION

Name and Last Name _____ Relationship _____

Emergency Contact Phone Number _____

Emergency Contact Email Address (optional) _____

PHYSICAL ACTIVITY AND MEDICAL QUESTIONNAIRE

*A medical clearance from your physician prior you start any fitness program is recommended.

Have you ever had the following diseases? Heart Lungs Liver Kidney

If you check yes explain _____

Do you have asthma? NO YES List Medications _____

Do you have High Blood Pressure? NO YES List Medications _____

Do you have Diabetes? NO YES List Medications _____

Do you have any medical condition, joint problem or severe injury that could be aggravated by physical activities?

Explain _____

Have you had a severe injury or car accident during the last 2 years? NO YES

Explain _____

Are you lactating and/or pregnant? NO YES

Do you smoke? NO If yes, how many per day? _____

GOAL ASSESSMENT QUESTIONNAIRE

Explain your fitness goals _____



Are you training for a specific event? NO YES

Explain if YES _____

How many times a day do you eat? 1 - 2 2 - 3 3 - 4 4 - 5 5 - 6

Do you know approximately how many calories you intake a day? _____

Are you currently taking a multivitamin or any other supplement? _____

Do you know how to estimate your HR Target to maximize your cardio exercise? NO YES

What is your current fitness level from 1 to 10 (1 being the lowest) _____

OTHER INFORMATION

How did you hear about us? _____

RELEASE AND CONSENT

I am voluntarily participating in these activities and using equipment, with knowledge of the dangers involved. I acknowledge that I will obtain my physician's permission to participate in these activities and use of equipment. I hereby agree to assume and accept any and all risks of loss and/or damage of personal property, injury and/or death.

I hereby consent to and permit emergency treatment in the event of illness or injury while participating in this program.

I agree to confidentiality respect to Forma Fitness Boot Camp Training Program and all services provided by same. I also understand that I may be videotaped, audio recorded and photographed during this program and Forma may use these images for any and all uses.

I agree to waive, release and discharge Forma Fitness, the company, its owners, director and staff from any and all liability for injuries and damages resulting from my participation in this program.

I agree to a non-compete within a 50 miles radius of Oakland for a period of 5 years from date of participation. I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

REFUND POLICY

Thank you for choosing Forma Fitness. We understand that life happens and your plans may need to change. In order to receive a refund, you must notify Forma Fitness office of your cancellation **within 3 days** from the original purchased date. Any changes made after that, will be charged a \$25 processing fee.

Please Initial (_____)

COMMITMENT AGREEMENT

I agree not to use foul language during Boot Camp and bring a positive energy.

I agree to show up on time and bring a positive attitude to Boot Camp.

I understand that diet and nutrition will affect my fitness goals and performance during boot camp.

I have read and understand the above provisions and agree to all conditions.

Signature _____

Date _____