



3650 Northbrook Dr., Unit #3
 Northport, AL 35474
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 www.1on1fit.net

Women's FITNESS CAMP

ENROLLMENT & WAIVER FORM

SECTION 1: REGISTRATION

Name: (Last) _____ (First) _____ (Middle Initial) _____
 Home Address: (Street) _____ (City) _____ (State) _____
 (Zip) _____ Phone: (Home) _____ (Work) _____ (Ext) _____
 (Fax) _____ (Cell) _____ Email Address: _____
 Date of Birth: (MM / DD / YYYY) ____ / ____ / ____ Height: _____ Weight: _____ Sex: _____
 Personal Physician: (Name) _____ (Phone) _____
 Emergency Contact: (Name) _____ (Phone) _____
 I was referred by: (Name) _____

I am purchasing the: (check one)

- Gold Package (4 classes per week, 16 classes per session)
- Silver Package (3 classes per week, 12 classes per session)
- Bronze Package (2 classes per week, 8 classes per session)

SECTION II: RISK ASSESSMENT

Have you had a physical exam within the last 12 months? (check one) YES NO

List the types of exercises have you participated in during the last 6 months: _____

Are you under the care of a physician or other health care professional for any reason? (check one) YES NO

If YES to above, please explain the reason: _____

Do you have or are you being treated for high blood pressure? (check one) YES NO

Do you often feel faint or have spells of dizziness? (check one) YES NO

Has your physician ever diagnosed you with heart or chest pains? (check one) YES NO

Do you have a cigarette smoking habit? (check one) YES NO

If YES to above, please explain the degree of your habit: _____

Do you have a family history of heart disease or diabetes? (check one) YES NO

If YES to above, please explain the history: _____

Indicate any diseases or illnesses you have had or currently have: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Back Condition | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Low Blood Sugar |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sinus Condition |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Nervous Tension | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis | |

Do you have any other illness or condition, not previously listed, which should be taken into consideration before beginning your exercise program? (check one) YES NO

If YES to above, please explain the condition: _____

SECTION III: FITNESS GOALS

Your fitness goals are very important to us. This questionnaire is designed to help identify your specific fitness and wellness goals that can help pinpoint the most effective program guidelines for you!

Please check the areas that you want to improve on:

- | | | |
|--|--|---|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Lower Body Fat | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Aerobic Endurance | <input type="checkbox"/> Improve Self-Image | <input type="checkbox"/> Improve Bone Density |
| <input type="checkbox"/> Sleep Better | <input type="checkbox"/> Improve Posture | <input type="checkbox"/> Lower Blood Pressure |
| <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Improve Eating Habits | <input type="checkbox"/> Other: _____ |

Improving my fitness and wellness levels is extremely important to me because: _____

Have you participated in a fitness/wellness program before? (check one) YES NO

If YES to above, please describe the program: _____

Are there any obstacles that may affect your ability to reach your goals? (check one) YES NO

If YES to above, please describe the obstacles: _____

Please describe the support from your family or friends to reach your goals: _____

I am committed to my fitness program because otherwise, I would have to live with the following consequences (Examples: low self-esteem, health risks, limited success, etc.): _____

SECTION IV: PROGRAM POLICIES

We are very glad to have you as part of our fitness support group and are delighted that you chose us as part of your commitment to a healthier lifestyle. Our skilled and experienced professionals are ready to provide you with the necessary training to help you reach and maintain your personal fitness goals. The following information will provide you with important program policies.

Attire: Wear comfortable tennis shoes to all classes. No flip flops are allowed. Appropriate workout attire is needed. Due to summer heat, wear layered clothing that is comfortable and breathes easily. Heavy clothing is not recommended. You must bring a water bottle with you to every class in order to maintain hydration.

Tardiness: All participants are encouraged to arrive promptly to each class. Late arrivals to a class can not only be disruptive to other participants, but can also be unsafe for you. The 1on1 Fitness personal trainers take careful steps to ensure participants are warmed up safely to optimize performance and help minimize the risk of injury. Please be advised that the trainers are required to wait 15 minutes for a scheduled client, after which time the class is subject to cancellation and you will forfeit the class from your weekly package plan.

Cancellations: In order to cancel or reschedule a scheduled class, you must contact your 1on1 Fitness personal trainer at least 24 hours in advance of the scheduled appointment or you will forfeit that class from your weekly package plan.

Weather Policy: Alabama weather is ever changing and often unpredictable. 1on1 Fitness will do its best to provide an alternate covered location in the event of bad weather. If an alternate location cannot be attained, 1on1 Fitness will offer a substitute make up day at the discretion of the personal trainers.

Injury: You are fully responsible for any injury you incur before, during, or after workouts. 1on1 Fitness and its personal trainers will not be held accountable in any manner, legal or otherwise. Any injury incurred before, during, or after workout sessions is solely the responsibility of the client. Focusing during your workout and following directions will help prevent any injury. It is the client's responsibility to communicate any symptoms or discomfort during the class.

Payments, Refunds, and Credits: Payments must be made in full prior to the start of the program. 1on1 Fitness does not offer refunds or credits, so please be sure that our services will match your needs before committing to the program through payment. If any medical condition or injury becomes present during the session, it is up to the discretion of the 1on1 Fitness to reimburse, on a prorated amount, any unused classes. In the event a class must be canceled, a 1on1 Fitness personal trainer will contact you within 24 hours. If not, you will receive one complimentary session.

Privacy: All information obtained by 1on1 Fitness will be treated as privileged and confidential and will not be released or revealed to any person other than your physician or the program's supervisor and personal trainers, without your expressed written consent.

SECTION V: AGREEMENT

I, _____, (Full Name) agree to participate in the 1on1 Fitness Women's Fitness Camp with a certified personal trainer. I acknowledge that I have read and understood the program policies, and I agree to comply with these policies. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that the health information provided on this form is accurate and, to my knowledge, represents my present health. I also certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by 1on1 Fitness. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I also acknowledge that it is recommended that I check with my physician before beginning any exercise program. I agree to waive, release, remise and discharge 1on1 Fitness and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in the 1on1 Fitness Women's Fitness Camp classes or individual training sessions. The undersigned hereby releases 1on1 Fitness as well as waives any and all claims and understands and assumes any and all risk with participation in the 1on1 Fitness Women's Fitness Camp.

Participant Name (Full Name) _____

Participant Signature _____ Date (MM / DD / YYYY) _____ / _____ / _____

Parent or Guardian Name (if Participant is under the age of 18) _____

Parent or Guardian Signature _____ Date (MM / DD / YYYY) _____ / _____ / _____