

C.L.U.B BLESSED

Fitness & Weight Management

Wellness & Fitness Lifestyle Consultation

How did you here about us? _____

Name: _____ **Date:** _____

Address: _____ **City/Zip:** _____

Phone: (c) _____ **(H)** _____

Email: _____

Sex: M F

Age: _____ **Weight:** _____ **Height:** _____ **BMI:** _____

Church Affiliation: _____ **Ministry:** _____

Contact

Person: _____ **Phone:** _____ **Email:** _____

Organization: _____ **Event:** _____

Contact

Person: _____ **Phone:** _____ **Email:** _____

Inquiry: (Circle interest) Fitness Weight Management Guest Speaker

LifeStyle

Do you smoke? No yes How much per day?

Do you drink alchol beverage? No Yes How often?

Are you married? No Yes Is your spouse supportive? Yes No, explain _____

Occupation:

Current activity level: Sedentary Moderate Active Very Active

What are you currenty doing for exercise?

What is your primary fitness goal today? Exercise Food Prep. Both

On a scale 1-10 how motivated are you about achieving your goal? and why is it important to you? _____

Health History

Current Weight: _____ Height: _____ Body Fat % _____

Goal Weight loss: _____ Muscle

Toning: _____ Event: _____

Have you had any surgeries in the past 6 month?

Are you on any medications?

Do you take any vitamin suppliments?

Do you experience any chronic joint pain: { }No or { }Yes

{ }neck { }mid back { }low back { }shoulder { }elbow { }wrist { }hip { }knee { }foot/ankel

Do you experience any: { }headaches { }allergies { }asthma { }depression { }anxiety

{ }fatigue { }constipation { }diarrhea { }indigestion { }dizziness { }easily gain weight

{ }difficult to loose weight { }insomnia { }restless sleep {heart trouble

What might prevent you from reaching your goals?

customer acknowledgement and release and waive of liability

I, _____ acknowledge and assume the risks and full release of liability. I acknowledge that the fitness training hereunder includes participation in strenuous physical activies, including but not limited to: aerobic exercise, weight training, cardiovascular activities, and various nutritional programs. I agree to assume all risk and responsibility involved with participation in the physical activities. I affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit participation in physical activities. I agree to assume all risk invovled with C.L.U.B Blessed, Christian Fitness & Weight Management in its training program.

I accept responsibilty for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at/with C.L.U.B. Blessed at my own risk, and shall hold this club, its owners, shareholders, directors, officers, employer's, representatives, and

agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

Participant Signature:

Witness/C.L.U.B. Blessed Team Member Signature:
