

Uniquely Fit with Friends, LLC

Liz Forkel • UFWF@verizon.net • 978.257.0112

FITNESS ENROLLMENT

Application For (please check):

☐ Group Personal Training

☐ Boot Camp

Program Starts: ____/____/____

Program Ends: ____/____/____

Cost of Program: \$ _____

Payment Enclosed: \$ _____

CONTACT INFORMATION – PLEASE PRINT

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: ____/____/____ Home phone: (____) ____ - ____

Mobile phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Ext ____

E-mail address: _____

EMERGENCY CONTACT INFORMATION

Name (please print): _____ Phone: (____) ____ - ____ Ext ____

Physician:

Name (please print): _____ Phone: (____) ____ - ____ Ext ____

Please rate your current fitness level from 1 to 5, 1 being poor. Please circle: 1 2 3 4 5

What is your desired goal? _____

If active please describe your current fitness regimen:

Uniquely Fit with Friends, LLC

MEDICAL QUESTIONNAIRE

1. Date of last full Physical _____/_____/_____
2. Have you ever had any form of heart Disease? **Y** or **N**
3. Have you ever experienced shortness of breath or chest pains? **Y** or **N**
4. Do you often feel faint or have spells of severe dizziness? **Y** or **N**
5. Has a doctor ever told you your blood pressure was too high? **Y** or **N**
6. Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated or made worse by exercise? **Y** or **N**
7. Do you have high cholesterol? **Y** or **N**
8. Do you have Diabetes? **Y** or **N**
9. Do you currently smoke? **Y** or **N**
10. Did you smoke in the past? **Y** or **N**
11. Do you have uncontrolled asthma? **Y** or **N**
12. Do you have a hernia? **Y** or **N**
13. Have you had recent Surgery? **Y** or **N** -- *If yes, please describe on back of this sheet.*
14. Do you have any joint pain in the following areas (please circle those that apply): Neck, shoulder, Low back, Hip/pelvis, knees, ankles?
15. Do you have any other medical conditions? **Y** or **N** -- *If yes, please describe on back of this sheet.*
16. Is there a physical reason not mentioned here why you should not follow an activity program even if you wanted to? **Y** or **N**
17. Are you currently taking any medication? **Y** or **N** -- *If yes, please describe on back of this sheet.*

INFORMED CONSENT AND WAIVER FOR PARTICIPATION IN FITNESS PROGRAMS

I the undersigned realize that participation in this fitness program is a potentially hazardous activity. I am medically able to participate in this program. I assume all risks in participating in this program, including, but not limited to falls, contact with vehicles or other people, effects of weather including heat and/or humidity, traffic, road conditions, all risks being known and appreciated by me including possible muscular-skeletal injuries, cardio respiratory injuries and even death. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release Uniquely Fit With Friends LLC, Elizabeth Forkel and/or any of her assistant coaches/trainers from all claims and liabilities of any kind arising out of my participation in this program even though that liability may arise out of negligence or carelessness on the part of persons or legal entities named in this waiver.

Name (please print) _____

Signature _____ Date _____