



Client Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Start Date: _____ DOB: _____ Age: _____

General Information

How did you hear about Forever Fit: _____

If Referred by someone, who? _____

Current Injuries: _____

Medical History/Medications: _____

Current Physical Activities: _____

How would you describe your diet? _____

Do you smoke? _____ Do you have any allergies? _____

Are you pregnant? _____ Are you nursing? _____



What are your goals: _____

Health Status Classification (For Staff Use)

_____ Obtain Medical Clearance _____ Apparently Healthy

Informed Consent

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardiorespiratory systems. I acknowledge being informed of the possible nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ **Date:** _____

Waiver (Please sign if "Obtain Medical Clearance" was checked)

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in anyway. I hold harmless of any responsibility, the instructor, facility or any persons involved.

Signature: _____ **Date:** _____



Policies and Requests

In order to keep the studio a mindful and pleasant place for everyone, there are a few things that we ask of you:

- During the fall and winter months and on messy days please leave your outside shoes at the door. Do NOT wear your workout sneakers outside.
- Please turn off your cell phone and/or pager. If an absolute must leave it on, please set it to vibrate or let us know ahead of time.
- Please do not wear heavy perfumes/colognes, other clients may have allergies or sensitivities that make it extra challenging when working out.
- Please enjoy a light snack up to one (1) hour before your class to avoid low blood sugar or faintness.
- Drink plenty of water before, during and after your workout to ensure proper hydration.
- Please arrive on time for your class. Doors may lock after a 5-10 minute window.
- Please wipe down the equipment used and place any props in their appropriate place.
- Please respect our time and give us a twenty four (24) hour cancellation notice for private sessions and twelve hours (12) for classes. If not, the session will be billed.
- All payments are non-refundable.
- Please feel free to communicate any concerns with Mandy. Compliments are accepted too!!

We are honored that you have chosen Forever Fit to assist you in incorporating fitness into your lifestyle. If there is anything we can do to make you more comfortable, please let us know.