

Balanced Body Personal Training Registration

Name: _____ Date: _____
Primary Phone: _____ Email: _____
Address: _____
Sex: _____ Age: _____
Current Weight: _____ Goal Weight: _____ Current BF%: _____ Goal BF%: _____
Heart Problems _____ High Cholesterol _____ Pregnant _____
Heart Attack or Stroke _____ Diabetes _____ Asthma or Lung Concerns _____
High Blood Pressure _____ Spine or Disc Problems _____ Thyroid Condition _____
Arthritis _____ Bone or Joint Problems _____ Surgery in last 6 months _____

Other/Family History:

1. How did you hear about me?
2. Have you ever worked with a personal trainer? Duration/Results/Cost?
3. Have you ever worked out (type) or played sports before?
4. Is your spouse/partner supportive of you getting in shape?
5. What upcoming events in your life will help motivate you? If "no", let's set one.
6. How many times have you started and stopped a diet and exercise program in the past?
7. When was the last time you were in the best shape of your life?
8. What do you eat on an average day? Yesterday for example?
9. How many meals to you eat out weekly?
10. Do you smoke or drink? If so, how often?

11. What has prevented you from exercising in the past?

Time___ Money___ Procrastination___ Lack of Support ___

Accountability___ Lack of Knowledge___ Boredom___

Discipline___ Motivation___ Injuries___

Other:_____

12. Are any of these still a concern for you? If so, how can we overcome then?

13. What are your specific fitness goals?

Lose fat___ Improve Health___ Look Better___ Feel Better___

Gain Weight___ Maintain Wellness___ Confidence___ Reduce Pain___

Tone___ Other:_____

14. On a scale of 1-10, how serious are you about reaching those fitness goals?_____

Release and Waive Liability

By signing, individual acknowledges and assumes all risk providing Jason Frederick Nutting full release from liability. Individual acknowledges that the personal training/fitness assessment hereunder includes participation in the strenuous physical activity and various nutritional programs offered by Jason Frederick Nutting. Individual agrees to assume all risk and responsibility involved with participation in the physical activities. Individual affirms that individual is in good physical condition and does not suffer from any disability that would prevent or limit participation in the physical activities and various nutritional programs. Individual acknowledges that participation will be physically and mentally challenging, and individual agrees that it is the responsibility of the individual to seek competent medical or other professional advice regarding any concerns involved with the ability of individual to take part in Jason Frederick Nutting's physical activities. Member agrees to assume any and all risks and take responsibility for not exceeding his/her own physical limits.

Signature:_____ Date:_____