



Please complete and return to us in person or by fax at least two days prior to your first scheduled session.

All information on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that is safe, effective, and addresses your needs, goals and interests.

Client Name: _____

Nick Name: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City/State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Email: _____

Please Provide 24 hours notice if you need to cancel or reschedule any appointment.

*Seascope Village Fitness
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HEALTH HISTORY

Please circle any of the following health questions or conditions that you may currently have now or in the past have affected your health: *(Check all that may apply)*

- Dizzy Spells High Blood Pressure Diabetes or Thyroid Conditions Heart Problems
 High Cholesterol Asthma or Lung Problems Heart Attack or Stroke Currently Pregnant
 Bone or Joint Problems Surgery in the Past Six Months Spine or Disc Problems Arthritis

Other (Please Explain): _____

Do you have any family history of any of the above conditions? _____ if yes, please Explain: _____

FITNESS INFORMATION

- 1.) Have you ever been a member of a health club before? If yes, when? _____
- 2.) How many days per week are you planning on being in the gym? _____
- 3.) Have you ever worked with a personal trainer before? If yes, when? _____
- 4.) Is your spouse/partner supportive of you getting into shape? _____
- 5.) On a scale of 1-5 (5 being the highest), how would you rate your knowledge of resistance training? _____
- 6.) What upcoming events in your life will help motivate you to improve your physical appearance/fitness level?

- 7.) What has prevented you from reaching your goals in the past? *(Check all that may apply)*
 Time Money Procrastination Lack of Support Boredom
 Accountability Discipline Lack of Expertise Motivation Injuries
- 8.) How many meals do you eat per day? ____ Sodas? ____ Snacks? ____ How many meals do you eat out weekly? ____
- 9.) Are you taking any vitamins or supplements? ____ If yes, what supplements are you taking? _____
- 10.) Do you smoke? ____ How much? _____ Do you drink? ____ How many per week? _____
- 11.) How many times have you started and quit a diet or exercise program in the past? _____
- 12.) When was the last time you were in the best shape of your life? _____
- 13.) I would like to:
 Lose Fat Improve Health Look Better Feel Better
 Learn More Exercises Gain More Weight Improve Muscle Tone Other: _____
- 14.) On a scale of 1-10, how serious are you about achieving your goals?
1 2 3 4 5 6 7 8 9 10

FOR TRAINER USE ONLY

Sex: ____ Age: ____ Height: _____ Weight: _____ Goal Weight: ____ Body Fat %: ____ Goal Body Fat %: _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in
(Print Name)

the exercise and training program offered by Seascapes Village Fitness. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, **I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program.** I agree that Seascapes Village Fitness and/or TheraFit Inc. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training center, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Seascapes Village Fitness and TheraFit Inc., its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____(initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____(initial)

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I have read and understand this term: _____(initial)

4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

5) I understand that Seascapes Village Fitness bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash and checks made payable to Seascapes Village Fitness are all accepted. I understand that all Personal Training sessions are non-refundable.

I have read and understand this term: _____(initial)

6) I understand that Seascapes Village Fitness operates on a scheduled appointment basis for all Training sessions and appointments and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session without 24 hours prior notice, I will be charged in full for that session. I understand that Seascapes Village Fitness recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: _____(initial)

7) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer, nor the Customer Service Representatives.

I have read and understand this term: _____(initial)

8) I understand that Seascapes Village Fitness photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

I have read and understand this term: _____(initial)

9) **If I am under the age of 18 years old**, I understand that a parent/legal guardian must review and sign Seascapes Village Fitness' Parental Consent Form before I engage in physical activity at Seascapes Village Fitness.

I have read and understand this term: _____(initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

PERSONAL TRAINER

DATE

DATE

Seascope Village Fitness Policies and Conduct

Appointment Cancellation Policy

In the event that you must cancel your appointment, we ask that you inform us at least 24 hours prior to your appointment time. This will allow us to give that appointment time to another client.

If you must “late cancel,” cancel LESS than 24 hours prior to your appointment time, you will be charged for missing the session and/or it will be deducted from your running session count if applicable.

Appointment No Show Policy

If you are unable to make it to your scheduled appointment without giving notice, you will be charged for missing the session and/or it will be deducted from your running session count if applicable. Appointments include fitness assessments, personal training, massage, etc. If you are unsure about your appointment date and time, please feel free to call to confirm. We also send a confirmation email at the time the appointment is scheduled.

Gym Conduct

- Please use the gym equipment as it is intended to be used. If you are unsure, ask a trainer or customer service representative. The equipment in the gym can be very dangerous when used improperly.
- Please be respectful of others who are working out. Share the equipment and space. If others are waiting for the equipment you are using, please limit your use to about 30 minutes.
- Please do not “horse around” on or around the equipment. Heavy objects, sharp corners, unstable or raised surfaces, objects on the floor, etc. are abundant in the gym setting. **Please be aware of your surroundings.**
- Please do not eat food or drink sports beverages on the gym floor, they may be consumed in the reception area. Water is allowed on the gym floor.
- Please do not intentionally drop heavy weights on the gym floor. If you need assistance lifting and lowering weights, please ask a trainer or desk staff member to be your “spotter.” We are always willing to help.
- Please wear proper fitness attire while working out with us. Always wear shoes while exercising. This is for your safety as well as for sanitary reasons.
- If we feel that you are not acting in accordance with our expected gym conduct, we may ask you to leave the premises temporarily or may terminate an existing agreement.

I, _____, have read, understand, and agree to abide by these policies and expectations to the best of my ability.

Signature

Date