

Office Use Only:
 ___PT ___QB ___ Nutrition
 ___EM ___S/O ___ CC ___ Other



CLIENT REGISTRATION and HEALTH HISTORY FORM

NAME _____ D.O.B _____ Age _____ Sex _____ DATE _____

Phone # H _____ Cell(if under 18 parent's cell) _____

Email (for correspondence) _____

Address _____ City _____ State _____ Zip _____

 (If under 18) Parent name _____ Email _____

Occupation _____ Employer _____ Work # _____

Check Program Type

Fat Blast Boot Camp
 Block _____
 2 or 3 days

Middle School Athletic Development
 Block _____
 2 or 3 days
 Smart Beast
 Block _____

High School Training
 In Season
 Block _____
 Off Season
 Block _____

Fitness Coaching

Summer Conditioning Camp
 Middle School _____
 High School _____

Please list any current physical activity, classes, exercise, sports, etc. _____

What is your Number One fitness and/or sports performance goal? _____

How did you hear of Gabriele Fitness? _____

Please Check a Payment Option

Payment Options:

Payment is due in full if paying by check or cash _____

Payment plan (monthly) is available and requires a credit card on file _____

Cancellation Policy: I understand that Gabriele Fitness and Performance **requires twenty-four (24) hour notice** prior to my scheduled appointment should I need to cancel and that if I fail to do so I will be charged a full session fee

Make-ups: All fitness coaching clients arrange make-ups with trainer, provided the 24-hour notice is received.

Youth, Middle School and High School & FatBlast Programs: **make-ups are available within the same block only.**

Refund Policy: Our refund policy follows NJ State regulation laws, offered for: contracts cancelled within 3 days of signing; client relocation more than 25 miles from facility; death or permanent disability.

Dropping out of a program does not release you from your financial commitment

I have read this agreement thoroughly and understand and agree to all terms contained herein.

 Print Name (or Parent name if under 18)

 Signature (or Parent signature if under 18) Date- _____



Health History Questionnaire

In order for us to know you better and design a fitness program that is best for you, please provide the following health history information. All information is strictly confidential.

NAME _____ DOB _____ DATE _____

1. Are you currently taking any medications? YES NO If yes, Medication _____ Reason _____ Medication _____ Reason _____

2. Please list any vitamins, supplements you take: Vitamins _____ Supplements _____

3. ALLERGIES _____

4. Physician's Name _____ Phone# _____ Date of last physical _____
Are you currently under the care of a physician? Yes No If yes, reason _____
Has a physician placed any restrictions on your physical activity – now or in the past? Explain: _____

5. Height _____ Weight _____ Have you had any sudden weight gain or loss with the last year? If YES, please explain: _____

6. Please list any surgeries you have had: _____

7. Do you have High Blood Pressure? Yes No If Yes, list measurement _____
Do you have High Cholesterol? Yes No If Yes, list measurement _____
Do you have, or have you ever had problems with: If YES, please explain.

	YES	NO	Details
Heart	___	___	_____
Pulmonary	___	___	_____
Asthma	___	___	_____
Hypertension	___	___	_____
Stroke	___	___	_____
Diabetes	___	___	_____
Cancer	___	___	_____
Hernia	___	___	_____
Arthritis	___	___	_____
Thyroid	___	___	_____
Anemia	___	___	_____
AIDS/HIV	___	___	_____
Gout	___	___	_____

OTHER MEDICAL PROBLEMS: _____

9. Do you smoke? Yes No If Yes, what and how much? _____
Do you drink alcohol? Yes No If Yes, how much and how often? _____



10. Please describe any past injuries

<u>Body Part</u>	<u>When</u>	<u>Description</u>
Neck	_____	_____
Abdomen	_____	_____
Shoulders	_____	_____
Back	_____	_____
Elbow	_____	_____
Knee	_____	_____
Ankle	_____	_____
Hip	_____	_____
Other injuries	_____	_____

11. Have you ever had to undergo any treatment for physical therapy or rehabilitation whether as a result of a chronic condition or specific injury? If yes, please explain _____

12. Have you ever voluntarily or involuntary terminated any treatment for physical rehabilitation or therapy? If so, please explain _____

13. Please describe any areas where you are currently experiencing pain _____

Family History

14. Has anyone in you immediate family had a heart attack, heart condition, heart surgery, or stroke? ___Y___N

15. At what age did it occur? _____

16. If it resulted in sudden death, at what age did it occur?

Under 50 _____ Over 65 _____

I understand this Health History Information is for the purpose of helping me better understand any potential risks associated with a workout program. I understand that consulting a physician for approval is advised prior to beginning an exercise program. I understand this information is to be held strictly confidential and used only in case of medical emergency. I acknowledge that Gabriele Fitness and Performance LLC is relying on my answers set forth herein in order to develop the fitness program that is best suited to my needs. I understand that I have a continuing obligation to advise Gabriele Fitness and Performance of any material changes to the answers set forth herein. My signature signifies that all information above is true to the best of my knowledge and any information left unanswered has been done so intentionally.

Signature: _____ Date: _____

If under 18 –Parent signature _____ Date: _____



LIABILITY WAIVER and RELEASE FORM

I understand that physical exercise can be strenuous and subject to risk of serious injury, and acknowledge that I have been advised to obtain a physical examination from a licensed physician prior to beginning any exercise or personal training. I agree that by participating in these physical exercise sessions or personal training or fitness coaching activities I do so **entirely at my own risk**. I have completed a health history questionnaire and I intend my responses thereto become part of this liability waiver and release.

I understand that the use of Gabriele Fitness and Performance (GFP) facilities, and to participate in GFP classes and programs at the facility or at sponsored events outside the facility is at my own risk. This includes, without limitations: a. use of all amenities and equipment in the facility and at off-site locations and participation in any activity, classes, program, personal training, fitness coaching, or instruction; b. the sudden and unforeseen malfunctioning of any equipment; c. our instruction, training, supervision or dietary recommendations.

I agree that I am voluntarily participating in these activities and the use of these facilities and premises and **assume all risk of injury**.

I expressly agree to release and discharge Gabriele Fitness and Performance LLC itself, all members of the LLC and company, my personal trainer, fitness coach, instructor, acts or omissions of third parties including but not limited to customers, contractors or employees of GFP from any and all claims, causes of action, or damages for personal injury or property damage, including attorney fees. I also agree to indemnify, protect, defend and hold harmless the released parties from and against all liabilities, claims, actions, damages to my person or personal property, including attorney fees.

I have read this waiver and release, and fully understand its terms. I expressly agree to release and discharge Gabriele Fitness and Performance, all affiliates, employees, contractors, agents, representatives from all liability and waive any right to bring legal action against the organization for any and all acts or omissions including but not limited to negligence, intentional torts, strict liability, breach of warranty and personal injury or property damage or loss.

Printed Name _____ Signature _____ Date _____

PARENTS (If under 18 years of age):

You acknowledge that you are the parent or legal guardian of _____ (child named above) and that he/she will be voluntarily engaging in physical exercise and training involving various methods and equipment which could cause injury.

You understand and agree to the all terms and conditions listed above in the waiver and release form and your signature confirms agreement to terms as listed on behalf of your child.

_____ I grant permission for group photographs or video of my child to be taken and to be used for instructional purposes, publicity, and/or program purposes, including on our website.

Child's Name _____

Parent Name (print) _____

Signature _____ Date _____