



# FITNESS INTAKE FORM

Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Married Do you have children?  Yes  No

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Emergency Contact Name/Relationship: \_\_\_\_\_

(If under 18)

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Sport(s)/Activities: \_\_\_\_\_ Organization(s): \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Coach's Phone: \_\_\_\_\_ Coach's Email: \_\_\_\_\_

How did you hear about us?  Word of Mouth  Advertisement  Drive-By  Direct Mail  Walk-In

Referral  Website  Social Media  Other: \_\_\_\_\_ Referral Name: \_\_\_\_\_

Health/Past Injuries? List: \_\_\_\_\_

What are your short term goals? (3-6 months) \_\_\_\_\_

What are your long term goals? (6+months) \_\_\_\_\_

Would you have at least 2 days per week to work on your performance goals?  Yes  No

Have you been to ADAPT before?  Yes  No If yes, for which program? \_\_\_\_\_

If no, have you had a membership at another gym/training center previously?  Yes  No If yes, which one? \_\_\_\_\_

On a scale of 1-10 (10 being the most), how serious are you in accomplishing your goals? 1 2 3 4 5 6 7 8 9 10

I, \_\_\_\_\_, in full of recognition of the risk inherent in such training, do hereby waive, release and forever discharge ADAPT, it's agents and employees from and against any and all claims, demands, actions or cause of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation and adapt activities.

I understand and admit that my participation in ADAPT is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of program and travel to and from the ADAPT facility. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I am fully responsible for any resulting injuries or damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is recommendation of ADAPT that I obtained general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person at ADAPT of emergency medical information. I also understand that this Waiver of Liability and Release behind my heirs, executors, administrators and assigns as well as myself.

24 Hour Cancellation Policy: ADAPT enforces a strict 24 hour cancellation policy. If you have reserved your place in an ADAPT class and failed to cancel 24 hours in advance you will be charged for the class.

Late Cancellation Policy: ADAPT enforces a strict Late Cancel Policy. You must arrive five minutes prior to your class or you will forfeit your spot and incur the late cancel charge of \$25.00.

Dress Code Policy: ADAPT wants you to come to class fully prepared for strenuous activity: enclosed running shoes, athletic shorts/pants, athletic T-shirt, towel and water bottle. We reserve the right to refuse your entrance into the facility if you are not properly attired.

I grant to ADAPT, it's representatives and employees the right to take photographs/videos/testimonials of me and my property. I authorize of that, it's the signs and transferees to copyright, use and publish the same and print and/or electronically. I read that that may use search photograph/videos/testimonials of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and the web content.

Client's Initials

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS:

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_  
(If under age of 18)

Date: \_\_\_\_\_

(for office use only)

Date	Time	Appointment Type	ADAPT Rep	Follow Up