

Mad Dawg School of Fitness

All information received on this form will be treated as strictly confidential.

Please fill out the forms **completely and accurately**.

Contact Information

Name: _____	Date: _____
Address: _____	_____
Street	City State Zip Code
Phone: _____ () _____ ()	
Email address: _____	DOB: _____
Emergency Contact: _____	
Phone Number _____	

Physical Activity Readiness Questionnaire (PAR-Q)

- | | | |
|--|-----|----|
| 1) Has your doctor ever said that you have a heart condition or irregular heart beat or recommended only medically supervised physical activity? | YES | NO |
| 2) Do you have chest pain brought on by physical activity? | YES | NO |
| 3) Have you ever had chest pain when you were not doing physical activity? | YES | NO |
| 4) Do you tend to have dizziness or lightheadedness when you exercise, or do you ever lose consciousness? | YES | NO |
| 5) Do you have any breathing problems such as asthma or restrictive airway disease? | YES | NO |
| 6) Do you have a bone, or joint problem that could be aggravated by physical activity? | YES | NO |
| 7) Do you have any other health problem, or do you have any physical condition that should be addressed when developing an exercise program?
(e.g. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? | YES | NO |
| 8) Are you pregnant now, or have you given birth within the last 6 months? | YES | NO |
| 9) Have you had a recent surgery? | YES | NO |
| 10) If you have marked YES to any of the above, please elaborate below: | | |

11) Do you take any prescription or non-prescription medications?	YES	NO
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12) If yes, please explain? _____		
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13) Do you take a cholesterol-lowering medication, or a statin?	YES	NO
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14) How do your medications affect your ability to exercise or achieve your fitness goals?		
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Lifestyle Related Questions:

- 15) Do you smoke? If yes, how much? _____ YES NO
- 16) Do you drink alcohol? If yes, how much? _____ YES NO
- 17) How many hours do you regularly sleep at night? _____
- 18) Describe your job: Sedentary Active Physically Demanding
- 19) Does your job require travel? YES NO
- 20) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____
- 21) Is anyone in your family overweight? Mother Father Sibling Grandparent
- 22) Were you overweight as a child? If yes, at what age(s)? YES NO

Fitness History:

- 23) Have you been exercising consistently for the past 3 months? YES NO
- 24) When were you in the best shape of your life? _____
- 25) When did you first start thinking about getting back into shape? _____
- 26) What if anything stopped you in the past? _____
- 27) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Current activity:

- 28) How often do you take part in physical exercise?
 5 - 7x/week 3 - 4x/week 2 - 3x/week 0 - 1x/week
- 29) If your participation is lower than you would like it to be, what are the reason(s)?
 Lack Of interest Illness injury Lack of time Other _____
- 30) How long have you been consistently physically active for? _____
- 31) What activities are you presently involved in?
Include frequency per week, average length and intensity (e.g. easy, moderate or hard):

Additional Information:

Please list any other information your trainer should know about your health and/or fitness levels:

Goal Setting (optional):

In order to increase your chances of being successful at achieving your goals, please ensure all your goals are 'SMART'.

Specific (Provide details, how long, how much etc.)

Measurable (How will you measure whether you've reached your goals)

Attainable (Be realistic)

Rewards-Based (Attach a reward to each goal)

Time Frame (Set specific dates for goals)

Prioritize your general goals and/or expectations

- | | |
|--|---|
| <input type="checkbox"/> Lose Body Fat | <input type="checkbox"/> Develop Muscle Tone |
| <input type="checkbox"/> Rehabilitate an Injury | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Start an Exercise Program | <input type="checkbox"/> Design a more advanced program |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Sports Specific Training |
| <input type="checkbox"/> Increase Muscle Size | <input type="checkbox"/> Fun |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

List specific goals:

1. _____
2. _____
3. _____

Specifically, what can **Mad Dawg School of Fitness** do to help you achieve your fitness goals?

It's all about you (optional):

How did you hear about us, check that apply

- Brochure
 Word of Mouth
 MDF Website
 CrossFit Website
 Web Search
 Other _____

If you were referred to us, who told you about our services? _____

How far do you live from our training studio? _____ miles

Which newspaper(s) do you read? _____

Which radio station(s) do you listen to? _____

Which local magazine(s) do you read? _____

Which local morning TV show do you watch? _____

Participant Release and Knowledge of Agreement

1) I, _____, wish to participate in the instruction, exercise, and training program offered by **Mad Dawg School of 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 understand and agree that it is my responsibility to inform my personal trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury. I agree that **Mad Dawg School of Fitness** 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 studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge **Mad Dawg School of Fitness** and 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 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 trainer.

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

4) I understand that should I arrive late for a private personal training, there is no guarantee I will receive the full session with my trainer. In return, if my personal trainer is late for a session, I will still receive the full session time. **Mad Dawg School of Fitness** requires that I provide 24 hours notice when canceling private personal training. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session.

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

5) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

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

6) I understand that **Mad Dawg School of 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)

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.

Athlete's name

Legal guardian's name (if applicable)

Athlete's signature (legal guardian if applicable)

Date