

10N1 STRONG

Certified Personal Training

START DATE _____ TODAY'S DATE _____

NAME _____

ADDRESS _____ City _____ State _____ ZIP _____

BIRTHDATE (M/D/Y) _____ HOME PHONE # _____

CELL PHONE # _____ EMAIL _____

When was the last time you were involved in an exercise program?
_____ If within the last 12 months, why did you stop?

What benefits would you like to achieve at 10N1 STRONG? Select the 3 that are most important and rank 1 through 3.

____ Reduce risk of heart disease ____ Improve metabolism
____ Improve mental health ____ Increase energy

____ Strengthen heart
____ Improve quality of sleep
____ Weight loss (how much?) _____

____ Physical rehabilitation
____ Gain muscle

____ Increase flexibility
____ Other _____

What do you think has stopped you from reaching these goals?

Why is this goal important to you?

How long do you think it will take you to reach this goal?

Do you anticipate any challenges in reaching this goal? If so, what challenges?

Any pre-existing medical conditions?

Participant represents being physically fit to take the prescribed program. All use of facilities shall be undertaken at the sole risk of the participant. 10N1 STRONG shall not be liable to the participant for claims, demands, injuries, loss of property or acts of negligence.

Signature _____ Date _____