

**C.L.U.B BLESSED**

**Fitness & Weight Management**

**Wellness & Fitness Lifestyle Consultation**

**How did you here about us?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Phone: (c)** \_\_\_\_\_ **(H)** \_\_\_\_\_

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

**Sex:** M F

**Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **BMI:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_ **Ministry:** \_\_\_\_\_

**Contact**

**Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Event:** \_\_\_\_\_

**Contact**

**Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Inquiry: (Circle interest) Fitness      Weight Management      Guest Speaker**

**LifeStyle**

**Do you smoke? No yes How much per day?**

**Do you drink alchol beverage? No Yes How often?**

**Are you married? No Yes Is your spouse supportive? Yes No, explain** \_\_\_\_\_

\_\_\_\_\_

**Occupation:**

**Current activity level: Sedentary      Moderate      Active      Very Active**

**What are you currenty doing for exercise?**

What is your primary fitness goal today? Exercise                      Food Prep.                      Both

On a scale 1-10 how motivated are you about achieving your goal? and why is it important to you? \_\_\_\_\_

\_\_\_\_\_

**Health History**

Current    Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Body Fat % \_\_\_\_\_

Goal      Weight loss: \_\_\_\_\_ Muscle

Toning: \_\_\_\_\_ Event: \_\_\_\_\_

Have you had any surgeries in the past 6 month?

Are you on any medications?

Do you take any vitamin suppliments?

Do you experience any chronic joint pain: { }No or { }Yes

{ }neck { }mid back { }low back { }shoulder { }elbow { }wrist { }hip { }knee { }foot/ankel

Do you experience any: { }headaches { }allergies { }asthma { }depression { }anxiety

{ }fatigue { }constipation { }diarrhea { }indigestion { }dizziness { }easily gain weight

{ }difficult to loose weight { }insomnia { }restless sleep {heart trouble

What might prevent you from reaching your goals?

customer acknowledgement and release and waive of liability

I, \_\_\_\_\_ acknowledge and assume the risks and full release of liability. I acknowledge that the fitness training hereunder includes participation in strenuous physical activies, including but not limited to: aerobic exercise, weight training, cardiovascular activities, and various nutritional programs. I agree to assume all risk and responsibility involved with participation in the physical activities. I affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit participation in physical activities. I agree to assume all risk invovled with C.L.U.B Blessed, Christian Fitness & Weight Management in its training program.

I accept responsibilty for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at/with C.L.U.B. Blessed at my own risk, and shall hold this club, its owners, shareholders, directors, officers, employer's, representatives, and

agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

**Participant Signature:**

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**Witness/C.L.U.B. Blessed Team Member Signature:**

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