

Referred by: _____



MID AMERICAN STUDIO

FITNESS INFORMATION SHEET

NAME: _____ CURRENT FITNESS CLIENT ? _____

(If yes, skip to SESSION)

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ EMAIL: _____

SESSION - CIRCLE ONE: FALL (September) WINTER (January) SUMMER (April-August)

CLASS _____ SINGLE CLASS UNLIMITED FITNESS

TOTAL COST \$ _____

For most people physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advise concerning the type of activity most suitable for them. Common sense is your best guide in answering these questions. Please read them carefully and write YES or NO.

1. Has a Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? _____
2. Do you feel pain in your chest when you do physical activity? _____
3. In the past month, have you had chest pain when you were not doing physical activity? _____
4. Do you lose your balance because of dizziness or do you ever lose consciousness? _____
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? _____
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? _____
If yes, what _____
7. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness? _____
If yes, what? _____

Emergency Contact: _____ Phone # _____

Doctors Name _____ Phone # _____

Risk & Release Statement

In agreeing to participate in Fitness at The Mid American Studio, I affirm that my general health is good, that I am capable of performing exercise of a vigorous nature, I am aware of the possibility of accidental or physical injury during the exercise programs. In consideration of participating at Mid American Studio, I agree to assume all risks of injury and will hold harmless from all liability, actions, claims and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with any participation activities arranged by Mid American Studio, its employees, and staff. These terms will serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family including minors.

I have read and understand the exercise in which I will be engaged. I have agreed to the conditions stated above.

Signature _____ Date _____

MID AMERICAN STUDIO POLICIES

- 1.) No refunds/credits given for missed classes.
- 2.) Wear comfortable workout clothes and supportive clean athletic shoes to class.
- 3.) Only water is allowed in the Studio.
- 4.) Mid American reserves the right to determine minimum/maximum class size.
- 5.) Payments for classes are non-refundable, any transfers to other classes must be done in the first week of class and depends upon class and space availability.

To be filled out by Studio Staff

Total fee paid \$ _____ Date ___/___/0___ Initial _____

Method of Payment: Cash: _____ Charge # _____ EX. Date _____ Other _____