

Mid American Studio

Fitness Information Sheet



In System:

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 Studios.
- 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.

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 participation at Mid American Studio, I agree to assume all risks of injury and will hold harmless from all liability, action, 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 of 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 and policies stated above.

Payment Amount :\$ _____ Emp _____
 Form of Payment: _____ date: ____/____/____

Signature _____ **Date** _____

Name: _____ Returning Client: _____

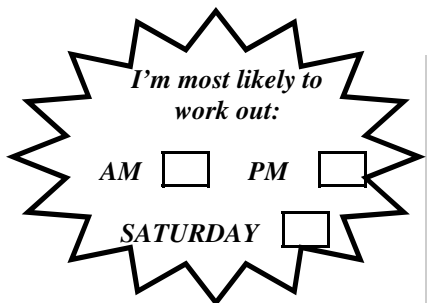
Home Phone: () _____ Cell: () _____

Address: _____

City: _____ ZIP _____

Email: _____

Referred By: _____



Session: (Circle One)	Fall (Sept.)	Winter (January)	Summer
TYPE OF CLASS	DAY	TIME	
1. _____	_____	_____ - _____	
2. UNLIMITED (Circle)	ANY DAY!	MANY TIMES!	
NOTES: _____			

Please read carefully and write YES or NO.

1. Has a doctor advised you to do only physical activity advised by a physician? _____
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 balance because of dizziness or do you ever lose consciousness: _____
5. Do you currently participate in any regular activity program to improve your physical fitness? _____

Emergency Contact: _____ Phone # _____