

General Client Information

Name: _____
Date of Birth: _____ Age: _____ Weight: _____ Current Fitness Level (1-10): _____
Address: _____ City/State/Zip: _____
Cell Phone: _____ Home Phone _____
[] []
Email: _____ Job Title: _____
My main fitness goal is: _____
My goals for the next three months? _____
How did you hear about this program? _____
I'd like to begin on: _____

Select Preferred Time of Day to Workout (circle)

Monday	Wednesday	Friday	Saturday
6:15 am	6:15 am	6:15 am	9:00am
6:00 pm	6:00 pm		

Emergency Contacts

Primary Emergency Contact:

1. []

Secondary Emergency Contact:

2. []

Primary Emergency Phone Number:

[]

Secondary Emergency Phone Number:

[]

Medical History



IMPORTANT! Please complete this portion of the form completely. DavisFit and Davis Johnstone shall not be held responsible in the event of medical complications arising from having incompletely or inaccurately completed the medical disclosures portion of this form!

All attendees should seek medical advice before beginning any health, fitness, or nutrition program!

All "yes" answers require a written explanation in the bottom text field.

- Y / N 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
- Y / N 2. Do you take any prescribed medication on a permanent or semi-permanent basis?
- Y / N 3. Do you have a seizure disorder (epilepsy)?
- Y / N 4. Do you have diabetes; Type I (IDDM) or Type II (NIDM)?
- Y / N 5. Have you ever been found to be anemic (low blood count)?
- Y / N 6. Do you have High Blood Pressure (hypertension)?
- Y / N 7. Do you have or have you ever had heart disease, lung disease, kidney disease, or liver disease?
- Y / N 8. Do you have or have you ever had asthma?
- Y / N 9. Do you have or have you ever had severe neck injury?
- Y / N 10. Have you had a broken bone or fracture in the past 2 years?
- Y / N 11. Do you wear glasses or contact lenses?
- Y / N 12. Have you ever injured your back and/or do you have irregular back pain?
- Y / N 13. Have you ever had knee pain that has disabled you for longer than a week?

Y / N 14. Do you have other physical conditions, which cause pain?

Y / N 15. Have you had any surgical procedures?

Y / N 16. Are you training for a specific event?

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

Initial: _____.

Informed Consent, Waiver, and Release Agreement

This release is entered into between the undersigned and DavisFit (Davis Johnstone) its officers, trainers, affiliates, and executors in addition to the City of San Diego, and all other private and public locations for DavisFit and the county of San Diego.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that no fitness trainer or instructor is a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that DavisFit does not guarantee neither good nor bad will occur nor guarantees the training advice given by Davis Johnstone will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Davis Johnstone for the undersigned participating in said sporting events and/or training for said sporting events.

- I agree** to show up for scheduled training times and appointments unless it is an excused absence from my doctor, or pre-approved with Training Instructors. (If applicable.)
- I agree** to respect training instructors and my fellow attendees by setting my alarm clock properly and showing up for scheduled appointments on-time, every time.
- I agree** that I will give 100% effort each and every workout.
- I agree** not to whine, or complain during workouts because I am here to get in shape and improve my health
- I understand** there is no refund policy
- I understand** that if I need to cancel/reschedule a workout/appointment, I must do so **24 hours** in advance of my original time to avoid being charged

The Undersigned agrees and warrants that this is the full agreement between the parties, that Davis Johnstone nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement freely and voluntarily without force or coercion.

Signature

Date