CLIENT INFORMATION

All information collected from this form will be treated as strictly confidential. Please fill out the fields as *completely* and *accurately* as possible. This information is essential to helping us develop a program that addresses your needs, goals and interests, while remaining safe and effective.

Required Fields

Name* _____ Date of Birth* ____/____/_____
MM DD YYYY

Email* _____

Phone* _____

Address: _____
Street City Prov Postal Code

Occupation: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Physio/ Athletic Therapist

Name: _____ Clinic: _____

Email: _____ Phone: _____

I agree that SXS Fitness Inc. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge SXS Fitness Inc., its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

_____ _____ *For Office Use* _____

Signature **Date** **Staff Member**

"I couldn't wait for success, so I went ahead without it..."
Achieving your Fitness & Wellness goals begins here!

PAR-Q

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	____	____
Do you frequently have pains in your chest when you perform physical activity?	____	____
Have you had chest pain when you were not doing physical activity?	____	____
Do you lose your balance due to dizziness or do you ever lose consciousness?	____	____
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, etc.)?	____	____
Are you pregnant now or have given birth within the last 6 months?	____	____
Have you had a recent surgery?	____	____

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal/training.

If you are or may be Pregnant - talk with your doctor before you start becoming more active.

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

If you answered YES to one or more questions you will need to complete the Medical authorization Form before you meet with a trainer or become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES to.

NOTE: You may be able to do any activity you want, as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you have marked **YES** to any of the above, please elaborate below:

_____

_____

_____

Do you take any medications, either prescription or non-prescription, on a regular basis? **Yes** / **No**

What is the medication and it's use? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

_____

_____

Please provide recent injuries or ongoing ailments that may affect your training. Specify which bone, muscle, joint, etc., and the date the injury occurred/began:

Broken bones _____ Muscles strain/sprain _____

Ligament, tendon, cartilage injury_____ Joint Injury or chronic pain _____

Back Injury or chronic pain _____ Other _____

Are you currently being treated for any of the above injuries? Please specify type of treatment.

_____

_____