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Client Registration Form

Name: ­­­­­­­­­­­­­­­­­­                                                                                                      Date:

Age:                 Height: ­­­­­                Weight:

Which Services are you selecting?:

Bronze Program ($35):

Silver Program ($45):

Gold Program ($65):

Platinum Program ($85):

Nutrition Consultation ($20):

Program Consultation ($20):

Total Price: ­­­­­­

Payment Method: Place an X next to which one will be used.

PayPal -

Check -

\*If paid by check, programs will be administered once check is received

What date would you like to begin this program?:

How many times a week do you currently workout?

What are some of your favorite exercises or what are some things that you would like begin?

If you will be working out at a gym, what facility will you be training in and what equipment will you have available to you? If you are not sure, we can discuss this at a later date.

If you will be working out at home, do you have any equipment?

Health and Medical Limitations: (any previous injuries, chronic pain, asthma, etc.)

Any other comments, questions or concerns?

**Disclaimer**

**Please consult with your Doctor or Physician before beginning any exercise program. If you ever feel dizzy, light headed or pain during exercise, please stop immediately.**