



Client Information

NAME _____ DOB ____/____/____ FEMALE MALE GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EVENING PHONE _____ EMAIL _____

PARENT'S NAME (For Youth Clients only) _____

EMERGENCY CONTACT _____ PHONE NUMBER _____ RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____ FAX _____ PHYS REF PROG

PHYSICAL ACTIVITY and READINESS QUESTIONNAIRE (Check Yes or no)

1. Has a physician ever said the client has a heart condition and recommended only supervised activity?..... Yes..... No
 2. Has a physician ever recommended medication for the client's heart..... Yes..... No
 3. Does the client have exercise or activity induced asthma? Yes..... No
 4. Does the client have a bone or joint problem that could be aggravated by the proposed physical activity?..... Yes..... No
 5. Are you aware, through your own experiences or a physician's advice, of any other physical reason why the client should not exercise without medical supervision?..... Yes..... No
- If you answered YES to any of the above, please answer the following:
6. Have you consulted you physician regarding increasing the client's physical activity and or performing a fitness assessment? Yes..... No
 7. If you answered NO to question 6, will you consult your physician prior to increasing the client's physical activity and/or performing a fitness assessment Yes No

Heart Condition: Yes No Duration: _____ **Rheumatism:** Yes No Duration: _____

Diabetes: Yes No Duration: _____ **Hernia:** Yes No Date: _____

Arthritis/Bursitis: Yes No Duration: _____ **Recent Surgery:** Yes No Date: _____

High Blood Pressure: Yes No Duration: _____ **Knee Problems:** Yes No Duration: _____

Back Problems: Yes No Duration: _____

Please List Other (Physical/Emotional/Behavioral/Psychological): _____

Fitness History:

1. Has the client ever been a participant in an organized fitness program? Yes No
If Yes, Where and Duration: _____
2. Is the client currently involved in a fitness program or sport outside of the YES! Fitness Program? Yes No
If Yes, Please List All (and duration) if you are participating during your YES! Program: _____

Goals:

1. What are your primary fitness goals? General Conditioning..... Sports Performance Weight Management (↑ or ↓) _____
 Balance/Coordination.... Strength Training.... Cardiovascular.... Other _____
2. How often would you like to see your progress measured? Every: 1 month..... 3 months..... Other _____
3. On a scale from 1 to 10, 10 being the highest, how committed are you to completing your goal(s)? _____

I certify that the above statements are true and correct. I understand that a physician's note may be requested. If a note is requested, I should not proceed with this workout until the note is received.

Client/Parent/Legal Guardian Signature: _____ Date: _____



Standard Medical Release

I, _____, residing at _____ in the state of _____, acknowledge that I, individually, have voluntarily applied to participate in the YES! Youth Fitness + Sports Performance training program. I acknowledge the risks and the potential risks of general fitness and athletic training. However, I feel that the possible benefits to me and/or my child(ren) are greater than the risk assumed.

I am aware that although the YES! Youth Fitness Company, its subsidiaries, Courageous Holdings LLC and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each workout a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that a person, when exercising/training, through no fault of his own, his trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of The YES! Youth Fitness facilities or instruction. I further represent that I carry full and complete medical insurance coverage. I acknowledge that the YES! Youth Fitness coaches have not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by The YES! Youth Fitness TEAM to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of the YES! Youth Fitness Coaches, Courageous Holding LLC its employees, agents, servants, invitees, co-Clients, contractors, or sub-contractors, employees or otherwise.

Client/Guest/Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Promotional Release

In additional consideration of being permitted by YES! Youth Fitness to participate in its general exercise and/or training program and to use its facilities, I hereby permit YES! Youth Fitness to use my name, image and likeness for promotional purposes limited to its general exercise or athletic training programs and facilities. The YES! Youth Fitness promotional mediums include, but are not limited to print, radio, video, television, social media, and the Internet.

I acknowledge that I have read this release and waiver and fully understand its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Client/Guest/Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____