

REGISTRATION FORM
(Please Print)



Client Information

Client's Name:		Birth Date:	Today's Date:
Street Address:		Email:	Primary Phone:
City	State	Zip Code:	P.O. Box:
Secondary Phone:		Employer:	Occupation:

Medical History and Training Information

How did you hear about us ?		
Have you trained/lifted weights anywhere in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so where?
Do you take any medications or supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
Do you currently or have you had any injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
Do you know of any reason why you should not participate in an exercise program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so what? <u>Family MD name?</u>
What do you hope to get out of this program (What are your goals)?		

Emergency Contact and Financial Responsibility

Name of parent/relative or friend:	Relationship to Client:	Primary phone:	Secondary Phone:
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The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.

Client/Guardian Signature _____
Date:

Permission Request

I give Carolina Athletic Development permission to use my training information(videos/photos/ testimonials) for marketing purposes.

Client/Guardian Signature: _____ Date: _____

HEALTH, MEDICAL and RELEASE FORM



RELEASE OF LIABILITY PART 1

In consideration of being allowed to participate in the programs of Carolina Athletic Development (CAD) and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge Carolina Athletic Development (CAD) and its officers, agents, employees, representatives, independent contractors, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of CAD on or off premises.

RELEASE OF LIABILITY PART 2

I understand and am aware that strength, flexibility, and speed, agility and quickness exercise, including the use of equipment, is a potential strenuous activity. I also understand that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of this possibility. I hereby agree to expressly assume and accept any and all risks of injury or death. I understand that my participation in and use of these activities, machines and equipment is contingent upon my ability to independently, safely and correctly perform prescribed exercises as reviewed by a CAD professional. I understand and accept that it is my responsibility to inform the CAD staff of significant changes in my health & medical condition as it relates to exercise. I acknowledge and agree that in the event my health and/or medical condition changes, and in any way prevents me from performing prescribed exercises safely and correctly, at that time, my exercise program may be limited, restricted or eliminated completely at the evaluation and judgment of a CAD professional.

RELEASE OF LIABILITY PART 3

I acknowledge that it has been recommended that I have a yearly and more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

RELEASE OF LIABILITY PART 4

Participation is completely voluntary and you may refuse participation at anytime. By signing below you are agreeing to release CAD and all of it's representatives from any responsibility should any situation arise, regardless of fault.

Client/Guardian Signature _____

Date _____

CAD/Contract Signature _____

Date _____

LEVELS: NUTRITIONAL PROFILE & COMMITMENT/ REALIZATION CHECK



NUTRITIONAL QUESTIONNAIRE	
How many meals do you eat per day?	
Do you snack during the day or night? If so, what are your favorite snacks?	
How often do you eat out weekly?	
How many alcohol beverages do you drink weekly?	
Do you have food allergies?	
Do you eat within 2 hours of going to bed?	
Rate how healthy you eat?	Good-----Fair-----Poor
Are you looking for nutritional guidance with this program? If yes, continue below.	
NUTRITIONAL COMMITMENT/REALIZATION CHECK (circle response realistic for your lifestyle)	
Desire to be extremely lean (6 pack visible in mirror). You should be prepared to continuously eat "clean" and have no more than 1 alcoholic beverage a week.	serious athlete, bodybuilder, fitness model, serious fitness enthusiast at all costs. Workout 6-7 days per week and sessions usually last longer than 1 hour
Desire to be fit and lean (4 pack), you should be prepared to eat healthy the majority of the time. Willing to make lifestyle decisions that include only 2-3 weekly beverages, having occasional desserts and a few snacks.	athlete, fitness for enjoyment and moderately serious about aesthetics, exercise 4-6 days per week and sessions last between 40-60 minutes
Desire to have healthy eating habits and look like you take care of yourself but not put excess pressure on yourself to be "ripped" when you look in the mirror. You will be able to enjoy going out to eat, have 3-4 + weekly beverages.	Fitness for health and to maintain lean body mass. Fitness plan to also improve energy and combat aches and pains. Fitness to offset nutritional habits. 3-4 days of exercise per week 30-60 minute sessions.
Desire to feel better by improving nutritional habits. Not really planning on making drastic changes but may consider a few tips.	Plan to workout 3 times a week with a goal of getting a little stronger /fit, having more energy and manage stress.

LEVELS: SLEEP, STRESS & OCCUPATION PROFILE

SLEEP PROFILE	
What time do you go to bed and wake up on weekdays?	
What time do you go to bed and wake up on weekends?	
How much sleep do you get on an average night?	
Do you have trouble falling asleep?	
Do you take naps?	
Do you feel rested in the mornings when you wake up?	
Have you ever been told you snore or have sleep apnea?	
How many times do you wake up during the night?	
STRESS PROFILE	
Do you feel you are under a high amount of stress?	
Have you been through a divorce, death of a family member or any traumatic event in the last year?	
Are you taking any medications to help with stress or worry?	
OCCUPATIONAL PROFILE	
How many hours per week do you work?	
Do you carry your work home with you?	
Do you sit the majority of the day ?	
Is your job physically demanding?	
Does your job require you to travel? If so, how often?	