

Name of Client:

Fitness Client Information

Your answers to the questions below will help us to design a program which is safe and can be effectively implemented into your lifestyle. If at anytime you are uncomfortable providing answers to any of the questions, please skip that question and proceed to the next one.

Name		Date	
Address			
City		State	Zip
Preferred Phone #	Home	Work	Cell
Occupation		Date of Birth	
Email	Gender identity		Pronoun pref
Emergency Contact	Relation	Phone #	
How did you hear about Pilates/Gyrotonic®/ Feldenkrais™?		How long has it been since your last thorough medical exam?	
Newspaper (please specify)		within the last year	
Magazine (please specify)		1-2 years	
Client / friend (name)		3-5 years	
Internet site (please specify)		6-9 years	
Other		over 10 years	
How did you hear about re:fit?		Please indicate your smoking habits	
Client/friend (name)		Do not smoke / Have never smoked	
Internet site (please specify)		Have stopped smoking	
Other		Smoke	cigarettes a day

Mark those health conditions that apply to you, either now or in the past. Only those conditions that may be associated with lifestyle are included.

Allergy	Lung disease	Joint or bone problems (specify)
Anemia	Nervous breakdown	
Arthritis	Pacemakers/defibrillators	
Asthma	Pregnancy: specify the year(s)	
Bronchitis or emphysema		
Cancer	# of natural births	
Cirrhosis or liver disease	# of cesarean births	Surgeries (specify)
Dizziness	Unexplained rapid gain or loss of weight	
Diabetes	Seizures	
Exposure to TB	Stroke	
Falls/balance issues	Ulcers	
Heart disease		
High blood pressure		



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Other serious health problems (specify)

I consider my present physical condition to be Excellent Good Fair/Average Poor

How many days have you been in the hospital as a patient in the last 12 months?

Reason for hospitalization?

What do you hope to gain from this program?

Normalize body weight	Improve suppleness	Reduce resting heart rate
Trim specific body areas	Improve flexibility	Relieve tensions
Fill out specific body areas	Retard muscle atrophy	Improve sleep
Firm, tighten and tone	Improve metabolism	other
Improve posture	Improve digestion	
Increase vitality	Improve gland function	
Increase drive and endurance	Improve organ function	
Improve coordination	Improve bowel elimination	
Improve balance	Improve circulation	

How often do you get regular vigorous exercise (aerobic) of as least 20 to 30 minutes?

No regular exercise 1-2 times per week 3-4 times per week 5-6 times per week Daily

Describe in as much detail as possible your current exercise program.

Do you include stretching and flexibility exercises regularly? Yes No

Instructor's observations:



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Release and Indemnification Agreement - Fitness

I have requested the services of re:fit, p.c. ("re:fit") in connection with a program of physical exercise, which may include Pilates, Feldenkrais™ Method, Gyrotonic®, Yoga, aerobic exercise and/or weight resistance training (the "Program").

I am aware that the Program may involve certain risks of injury, and that I, rather than re:fit, control the nature and content of the Program. I have been examined by a physician prior to commencing the Program. In consideration of re:fit's services in connection with the Program, to the fullest extent allowed by law, I assume the risk of any and all accidents, illness and injuries of any kind which may be sustained by me by reason of or in connection with my Program.

In addition, I agree that, to the fullest extent allowed by law, neither re:fit nor any of its owners, agents, employees, personal representatives, successors, or assigns shall be liable or responsible for or on account of any such accident, illness, or injury, and I release, discharge, and absolve re:fit and its owners, agents, employees, personal representatives, successors or assigns from any and all liability and responsibility for or on account of any such accident, illness, or injury.

To the fullest extent allowed by law, I shall indemnify, defend and hold harmless re:fit, its owners, agents, employees, personal representatives, successors, or assigns from any and all losses, liabilities, damage, costs and obligations (or actions or claims in respect thereof, including reasonable counsel fees), which re:fit, its owners, agents, employees, personal representatives, successors, or assigns may suffer or incur, insofar, as such losses, liabilities, damages, costs or obligations (or actions or claims in respect thereof) arise out of or are based upon or are in any way connected with my Program.

This Agreement shall be binding upon my heirs, legatees, personal representatives, successors and assigns.

My signature below indicates that I have read and understand this agreement and agree to be bound by it.

CLIENT SIGNATURE

PRINT NAME

DATE



Name of Client:

Client Cancellation and Payment Policy - Fitness

Re:fit clients are seen by appointment only. Scheduling is based on a first-come first-served basis. To receive the full benefit of your session, please arrive on time. If you are going out of town or need to miss an appointment, please cancel any "standing appointments" as soon as possible.

Cancellation Policy

Cancelling An Appointment With No Charge/ 24 Hours: To cancel an appointment with no charge we require at least twenty-four (24) hour notice. This notice must be given directly to re:fit by calling 847-657-0881. *Notice provided to an instructor is not sufficient.*

75% Cancellation Fee/ 6-24 Hours or No Show: If you call re:fit directly and cancel your appointment between 6-24 hours of the scheduled time, there will be a 75% fee of the visit's charge (adjusting for private, duet or triplet lesson).

Full Price Cancellation Fee/ 0-6 Hours or No Show: If you cancel less than 6 hours before your scheduled visit, or if you do not call to cancel an appointment, you will be charged the full price of the session (adjusting for private, duet or triplet lesson).

Payment Policy: You may purchase a 10-pack or pay per session. Payment is due at time of service.

Collection Action:

I, the undersigned, understand and agree that if collection action should become necessary for recovery of any monies due under services rendered or products purchase, I am responsible for any and all collection costs, court costs, and attorney fees. I also understand and agree that accounts with balances outstanding more than thirty days from the date of service or purchase will be charge a service fee of 5% per month of the outstanding balance, until the balance is paid in full.

By signing below, I agree to abide by the Cancellation and Payment Policies of re:fit, p.c.

CLIENT SIGNATURE

DATE