



FrameworksFitness.com

Personal Training

Frameworks Fitness 12 Week Fat Loss Challenge Registration Form

Print this form and bring it with full payment to:

Frameworks Fitness Studio
17 Grange St.
Guelph, Ont.
519-220-9378

Schedule a time by phone or email to drop off registration.
Payment: Cash or Cheque (Made Payable to: Frameworks Fitness)
Sessions run for 12 weeks, two sessions per week
Cost is \$375 plus 13% hst

The Challenge begins April 4th, 2011 and runs until June 27th, 2011

Monday January 3rd we will take your stats... body measurements, weight, body fat percentage, fitness test to establish bench mark and before photos. We will also go over a nutrition plan, discuss goals and learn what it is going to take to get RESULTS!

MONDAYS 6pm-7:30pm Monday's before your work out will be a weigh in

THURSDAYS 6pm- 7:30pm Thursday's after your work out will be our nutrition and motivation session

You will need to bring one set of 5-8lb. weights, an exercise mat, towel and water.

Refund Policy- Missed Classes

Please note that there are no make up classes if you miss a class. If a class is cancelled, a make up class will be issued).

Refund Policy - There can be NO REFND once the session has started as the space could have been taken by someone else and cannot be sold once the challenge has begun. The sessions ARE TRANSFERABLE. This means that if for some reason you can't continue, you can sell the sessions to someone else. If you want to take this option, please contact marla@frameworksfitness.com

Name: _____
Address: _____
Town/City: _____

Province: _____
Postal Code: _____
Profession: _____
Age: _____
Phone: _____ Work: _____ Cell: _____
Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____
Phone: _____

Health History (All information kept strictly confidential)

At Frameworks Fitness Boot camp you will be asked to perform a wide range of activities ranging from low to high impact and low to high intensity of effort. We highly recommend that you consult with a physician before beginning this or any other physical activity program.

Have you ever been diagnosed and/or currently being treated for any of the following? (circle yes or no)

Heart Problems:	Yes	No
High Blood Pressure	Yes	No
High Cholesterol	Yes	No
Diabetes:	Yes	No
Thyroid Issues:	Yes	No
Seizures:	Yes	No
Chronic Illness: _____	Yes	No
Asthma/Lung Disease:	Yes	No
Migraines:	Yes	No
Hernia:	Yes	No
Other: _____	Yes	No

Do you have any injuries that may/will affect your ability to participate? Please describe.

Feet: _____
Knees: _____
Hips: _____
Back: _____
Shoulder: _____
Arm: _____
Neck: _____
Other: _____

Are you presently seeing any other health care professional with whom we will need to consult?

RELEASE

This release is entered into between you and Marla Arndt of Frameworks Fitness. The purpose of Frameworks Fitness Boot camp is to provide fitness instruction for athletes/individuals at various levels of fitness.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

Participant represents that he/she is in good physical condition and has no physical impairments, disability, or known health concerns preventing him/her from engaging in the physical conditioning offered to him/her by Marla Arndt of Frameworks Fitness. AGREE

I understand and am aware that aerobic, strength, and flexibility exercise, including the use of equipment, is a potentially hazardous activity involving risk of injury and even death. I understand I am participating in these activities and using equipment and machinery with knowledge of the dangers involved. I agree to expressly assume and accept any and all risks of injury or death.
AGREE

All use of activities, equipment, and any facility or location herein utilized or provided for participants assessment, activity session, and/or consultation session shall be undertaken by the participant at his/her own risk, Marla Arndt and Frameworks Fitness shall not be liable for any injuries or damages sustained by the participant not withstanding the same may be attributable to the negligence of Marla Arndt and Frameworks Fitness or employee, consultants, or any other participant.
AGREE

Participant's lack of attendance shall not be a valid cause for extending the term of this agreement and may be the cause for him/her not achieving the desired results
AGREE

I understand that I must inform an instructor if I experience any changes in health during the course of the program including, but not limited to, dizziness, light-headedness, headache, shortness of breath, or any "bad" pain before, during, or after the activity session.
AGREE

PRINT NAME : _____

SIGNATURE: _____

DATE : _____

I agree to all Terms and Conditions listed above: AGREE