

Frameworks Fitness Small Group Training Registration Form

Print this form and bring it with full payment to:

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

Assessment will be scheduled by phone or when dropping off registration.

Payment: Cash or Cheque (Made Payable to: Frameworks Fitness)

Sessions run for 4 weeks, two 60 minute sessions per week

Cost is \$200 plus 13% hst - Your Evaluation includes the following: An introduction to the program and answers to any of your questions, review your health history, lifestyle, health goals, record your weight, measurements and body-fat%, a basic fitness assessment to measure your present fitness level.

You will also receive nutritional information and guidelines*

***Nutrition is the key to your success!**

Eighty per cent of the physical improvements you gain from our program will be as a result of diet.

Your diet is one of the most important parts of your training. The sooner you understand how to eat for performance, weight loss, muscle gain, constant energy and mood...the sooner you will be working at your optimum fitness level!

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

Refund Policy

If you are unable to attend due to circumstances out of your control, we can offer a refund if you notify us prior to your session start date. A \$50 cancellation fee will apply.

Name: _____

Address: _____

Age: _____

Phone: _____

Email: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Health History (All information kept strictly confidential)

At Frameworks Fitness Small Group Training Class 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)

Heart Problems: High Blood Pressure High Cholesterol

Diabetes: Thyroid Issues: Seizures: Chronic Illness: Asthma/Lung Disease:

Migraines:

Hernia:

Other:

RELEASE

This release is entered into between you and Marla Arndt of Frameworks Fitness. The purpose of Frameworks Fitness SGT 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 notwithstanding 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 _____

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