



Member # _____

T-Shirt Assessment ___/___/___

Body Comp. Test#1_____ Test#2_____

PLEASE COMPLETE ALL QUESTIONS & SIGNATURES

Name: _____ I Prefer to be called: _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____

Address: _____ **City/zip:** _____

Home #: _____ **Work#:** _____ **Cell #** _____

Email Address: _____
 _____@_____

The best time to contact me is: _____ A.M. P.M. Home# Work # Cell #

Check Appropriate Box: Minor Single Married Widowed Divorced Separated

Whom may we thank for referring you? _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Email Address: _____

Are you currently under a doctor's care: Yes No

If yes, explain: _____

Physician: _____ **Specialty:** _____

Address: _____ **Phone:** _____

Would you like a session reminder ?

Cell Phone Provider _____ **Email** _____

PAR Q- Physical Activity Readiness Questionnaire

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test: Yes No Don't Know

If yes, were the results: Normal Abnormal

1. Do you take any medications on a regular basis? Yes No

2. If yes, please list medications and reasons for taking: _____

3. Have you been recently hospitalized? Yes No

4. If yes, explain: _____

5. Do you smoke? Yes No

6. Are you pregnant? Yes No

7. Do you drink alcohol more than three times/week? Yes No

8. Is your stress level high? Yes No

9. Are you moderately active on most days of the week? Yes No

Do you have:

10. High blood pressure?

11. High cholesterol?

12. Diabetes?

13. A heart attack?

14. A stroke?

15. Known heart disease?

16. Rheumatic heart disease?

17. A heart murmur?

18. Chest pain with exertion?

19. Irregular heart beat or palpitations?

20. Lightheadedness or do you faint?

21. Unusual shortness of breath?

22. Cramping pains in legs or feet?

23. Emphysema?

24. Other metabolic disorders (thyroid, kidney, etc.)?

25. Epilepsy?

26. Asthma?

27. Back pain: upper, middle, lower?

28. Other joint pain (explain on back of form)?

29. Muscle pain or an injury (explain on back of Form)?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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To the best of my knowledge, the above information is true.

Signature _____ Date _____

Print _____

Initial Assessment Form

Current Injuries or areas are causing you pain:

How is affecting your day?

Notes: _____

Current Workout Activity: M T W TH Fr Sa Sun

Times Per week _____

Time Spent: _____ How Long have you been doing this : _____

Current Nutrition Profile:

Breakfast: _____

Snack: _____

Lunch: _____

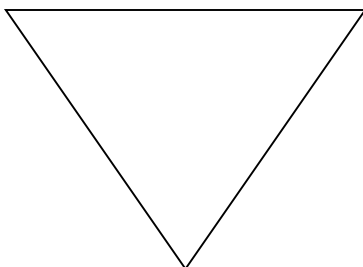
Snack: _____

Dinner: _____

Worst Habit

Notes: _____

Portions



H2O intake:

How Much Water do you drink each day?

Recovery:

How many hours do you sleep?

Supplements you take

Multi Vitamin Protein Fat Burners

Notes: _____

Goal Setting:

3 ways to lose

- 1. Sweat**
- 2. Pee**
- 3. Poop**



*Waiver and Assumption of Risk

*I, _____, Customer, of Crush It Marketing Inc., City of Carson, State of California , voluntarily sign this waiver and assumption of risk in favor of Steven Sanchez, Owner, of West Coast Sports & Fitness Center City of Carson, State of California , in consideration for the opportunity to use the owner’s facilities and/or the opportunity to receive instruction from the owner or the owner’s employees, independent contractors and/or to engage in the activities sponsored by the owner.

*I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions. I waive and release the owner, owner’s employees and independent contractors from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction.

IF CHILDREN ARE BROUGHT IN WITH PARENTS DURING EXERCISE SESSION PARENTS WILL TAKE FULL RESPONSIBILITY OF CHILD WHILE AT WEST COAST SPORTS & FITNESS CENTER. I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE CRUSH IT MARKETING INC, AND ALL THEIR RESPECTIVE AGENTS IF AN INCIDENT OCCURS FOR ANY REASON. I AS A PARENT TAKE FULL RESPONSIBILITY

*I have carefully read this Waiver and Release and fully understand its contents. My parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons & entities mentioned above and I sign of my own free will.

**Photographic Release:* Digital photographs and video are taken of many West Coast Sports & Fitness Center Athletes & Fitness Clients. I hereby give WCSF Center permission to use such photographs and/or video for public displays, training material and/or media releases. I understand these photographs and/or video images will be for news, training and/or Information purposes only.

- Instructors are in charge at all times.
- Participation is allowed only when following the guidelines of the instructors, and always under their supervision.
- Sign-in is required of all participants (even those with an Open Gym waiver on file)
- Only WCSF Center Instructors may assist participants with activities
- No horseplay, rough housing, running, pushing, misuse of equipment, or dangerous activities will be tolerated.
- No food or drink is allowed on the gym floor at any time!

*If you feel that there is **ANY** health reason why you should not participate in physical activity, check with your doctor before beginning this program. Provision to this agreement is governed by California law and any disputes shall be resolved in Carson, California

Participant Signature: _____ **Date:** _____

Print Name: _____

Guardian /Parent Signature: _____ **Date:** _____

Print Name: _____