



Billy Corbett's RetroFit Training Center Registration Form

Personal Information

| | | | |
|-----------------|---------------------|-----------------------|-----|
| Applicants Name | | Parent/Guardian | |
| Address | City | State | Zip |
| Home Phone # | Alternative Phone # | Athlete Email Address | |
| Height | Weight | Parent Email Address | |
| Date of Birth | Sex | Dominate Side | |
| Grade | School | Sport(s) | |

In case of emergency, contact: (name & phone #)

Health Information

| | |
|-----------------------------------|----------------------|
| Physician's Name | Physician's Phone # |
| Date of last physical examination | |
| Injury (if any) | Date Injury Occurred |
| If injured, please explain | |
| Status of Injury | |
| If surgery, name of surgeon | Surgeon's Phone # |
| If rehab, name of therapist | Therapist's Phone # |
| Any other injuries? | |

Medical Information

| | | | |
|--|-----|--|-----|
| Do you have any medical problems? | Y N | Do you have chest pains during or after exercise? | Y N |
| Do you have allergies? | Y N | Do you have a heart murmur? | Y N |
| Have you ever had surgery? | Y N | Do you have a family history of heart problems? | Y N |
| Do you take medication? | Y N | Have you ever had mononucleosis? | Y N |
| Have you ever been not allowed to participate in sports? | Y N | Do you have diabetes? | Y N |
| Have you ever passed out during or after exercise? | Y N | Do you have a family history of diabetes? | Y N |
| Have you ever been dizzy during or after exercise? | Y N | Do you or have you ever smoked? | Y N |
| Have you ever had a seizure? | Y N | Do you have asthma? | Y N |
| Have you ever had a stroke? | Y N | Do you have problems breathing or coughing during or after exercise? | Y N |
| Do you have a family history of stroke? | Y N | Do you have any vision problems? | Y N |
| Have you ever had high cholesterol? | Y N | Do you use any special equipment (pads, brace, etc.)? | Y N |
| Do you have a family history of cholesterol? | Y N | Any other medical conditions not listed? | |
| Have you ever had high blood pressure? | Y N | | |
| Do you have a family history of high blood pressure? | Y N | | |

Please explain all YES answers from the previous page:

Lifestyle

If you are currently employed, do you consider your job to be sedentary or active? Y N

Are you:

- Generally sedentary
- A weekend or vacation exerciser
- Physically active once or twice a week
- Physically active more often

Do you currently have a regular exercise program? Y N If yes, please describe:

What is your reason for seeking a personal trainer/performance coach? (i.e., goals, rehabilitation, sports training, etc.)

What are your schedule preferences and/or limitations for working with your trainer?

Would you like to receive an e-mail newsletter filled with valuable information? Y N

Photo Waiver

I give permission for my/my child's photo to be used in any promotional material, such as a brochure, website or newspaper advertisement, only for the purpose of promoting Billy Corbett's RetroFit Training Center. I give permission for me/my child to be videotaped for the purpose of testing my/my child's athletic abilities. My/my child's videotape may be used to promote Billy Corbett's RetroFit Training Center.

Applicant/Guardian Signature _____ Date: _____

How Did You Here About Us

Please let us know how you heard about Billy Corbett's RetroFit Training Center: (please check one)

- Newspaper
- Radio
- Internet
- Other
- Referral

Referred by: _____



Contract, Waiver, and Release Form

This contract is made between Billy Corbett, fitness trainer or _____ and _____ client/patient for fitness training, patient care and/or consultation. This is a confidential relationship, each party agreeing not to divulge personal or business information acquired through the relationship. _____

Cancellations must be made 24 hours in advance (emergencies excluded). No shows will result in forfeiture of money paid. If the session has not been yet been paid the trainee will be billed for the session. You do have the opportunity to make up that training session without being charged providing our schedules match up. _____

Because physical exercise can be strenuous and subject to risk of serious injury, RetroFit PT and your personal trainer urges you to obtain a physical examination from a doctor before beginning any exercise or training program. You agree that by participating in these physical exercise sessions or personal training activities, you do so entirely at your own risk. This includes, without limitation, (a) your use of all amenities and equipment in the Retro Fit Training facility and any off site location and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury. You expressly agree to release and discharge your personal trainer or instructor, and from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur, regardless of negligence. _____

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You agree to voluntarily give up any right that you may otherwise have to bring a legal action against the personal trainer or instructor for negligence, or any other personal injury or property damage or loss action.

Signed: _____ Date: ___/___/___

Parent or Guardian (if under 18) _____

Printed Name: _____