

SMB

Personal Fitness, Inc.

Home, Corporate, & Clubhouse Training
 It's Not Just Business, It's Personal™
 1255 Michigan Ave., Orlando, Florida 32789
 (407) 691-7000



Client Information and Registration Form

Please fill out form completely and mail with your payment to our Corporate Office: Attention Bootcamp Fitness
 3546 Lake Tiny Circle, Orlando, Florida 32818

Upon receipt, we will call you to set up your fitness consultation.

Registration Date	
Desired Session Date	
Contact Information	
Name	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Fax	
Email	
Personal Information	
Date of Birth	
Gender	
Height	
Weight	
Occupation	
Emergency Contact Information	
Name	
Relationship	
Phone	
Physician Information	
Name	
Phone	
How did you hear about SMB Bootcamp Fitness?	
	Referred by (name):
	Print ad (Specify publication):
	Internet
	Yellow Pages
	Other (please explain):

Health History Information

1. Are you taking any medications or drugs? If so please explain.	<input type="radio"/> Yes	<input type="radio"/> No												
Do you now, or have you had in the past														
2. History of heart problem, chest pain or stroke	<input type="radio"/> Yes	<input type="radio"/> No												
3. Increased blood pressure/hypertension	<input type="radio"/> Yes	<input type="radio"/> No												
4. Any chronic illness or condition	<input type="radio"/> Yes	<input type="radio"/> No												
5. Difficulty with physical exercise	<input type="radio"/> Yes	<input type="radio"/> No												
6. Advice from physician not to exercise	<input type="radio"/> Yes	<input type="radio"/> No												
7. Recent surgery n last 12months	<input type="radio"/> Yes	<input type="radio"/> No												
8. Pregnancy now or within last 3 months	<input type="radio"/> Yes	<input type="radio"/> No												
9. History of breathing or lung problems	<input type="radio"/> Yes	<input type="radio"/> No												
10. Muscle, joint or back disorder, or any other previous injury still affecting you?	<input type="radio"/> Yes	<input type="radio"/> No												
11. Diabetes or thyroid condition	<input type="radio"/> Yes	<input type="radio"/> No												
12. Cigarette smoking habit	<input type="radio"/> Yes	<input type="radio"/> No												
13. Obesity (More than 20lbs over ideal body weight)	<input type="radio"/> Yes	<input type="radio"/> No												
14. Increased blood cholesterol	<input type="radio"/> Yes	<input type="radio"/> No												
15. History of heart problems in immediate family	<input type="radio"/> Yes	<input type="radio"/> No												
16. Hernia, or any condition that may be aggravated by lifting weights	<input type="radio"/> Yes	<input type="radio"/> No												
<p>Describe any physical activity you do somewhat regularly. What is your normal daily physical activity level?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Light</th> <th style="width: 33%;">Moderate</th> <th style="width: 33%;">Heavy</th> </tr> </thead> <tbody> <tr> <td>Office worker, etc.</td> <td>Nurse, homemaker, wait staff, etc</td> <td>Construction worker, laborer, etc.</td> </tr> <tr> <td>Walking, watching TV</td> <td>Weekend sports, biking, running, aerobics, 1-3x per week</td> <td>Strenuous conditioning training, team sports, biking, distance running</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>At work: Light ___ Moderate ___ Heavy ___ At home: Light ___ Moderate ___ Heavy ___</p>			Light	Moderate	Heavy	Office worker, etc.	Nurse, homemaker, wait staff, etc	Construction worker, laborer, etc.	Walking, watching TV	Weekend sports, biking, running, aerobics, 1-3x per week	Strenuous conditioning training, team sports, biking, distance running			
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You will need adobe acrobat reader to view these pages.If you don't have it you can download it at : www.adobe.com

Daily Food Diary

What do you normally eat?

Meal	Food Eaten	Amount	Fat Grams	Calories	Comments
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Snack					
Water	() () () () () () () () ()		Total Fat:	Total Calories:	

SMB Client Goal Worksheet

Stated in the positive: I _____ specifically want:

	List your goals in order of importance.
1)	
2)	
What I will do to achieve my goals:	
3)	
4)	
Evidence that I am sticking to my goals:	
5)	
6)	
What will I reward myself with?	
7)	
8)	
How will I feel?	
9)	
10)	
What effect will my plan have on others?	
Friends	
Spouse	
Kids	

Informed Consent, Waiver of Liability, and Photo Release

“I _____, have enrolled in a program of strenuous physical activity including, but not limited to, aerobic, weight training, and the use of resistance training equipment offered by SMB Personal Fitness, Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.”

“In consideration of my participation in SMB Personal Fitness, Inc. exercise program, I, _____, for myself, my heir and assigns, hereby release Shellita Boxie of SMB Personal Fitness, Inc. and its employees, from any claims, demands and causes of action arising from my participation in the exercise program.”

“ I fully understand that I may injure myself as a result of my participation in an exercise program and I, _____ hereby release SMB Personal Fitness, Inc. from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/ foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.”

Photo Release: In connection with my participation in SMB Personal Fitness, Programs, I consent to the use of my photograph or other likeness in the promotional and other materials of SMB Personal Fitness, Inc. without payment or other considerations made to me.

I hereby affirm that I have read and fully understand the above consent, waiver of liability, and photo release and fully understand its contents. I willing agree to the terms and conditions stated above.

Signature _____ Date _____

Signature of Guardian of under 18: _____ Date _____

SMB RESERVATION AND PAYMENT FORM

Name: _____

Please indicate program and session you wish to join: _____

SMB Personal Fitness Program Schedule

Pinehills/Robinswood Hiawassee/Balboa (Orlando, FL.)	SMB Fitness Studio 1792/Michigan Ave. (Winter Park, FL.)	Barnett Park West Colonial Dr. (Orlando, FL.)	Orlo Vista Park 1 N. Powers Dr. (Orlando, FL.)
Operation Bootcamp Fitness	Operation Bootcamp Fitness	Cardio-Kick Circuit Training	Butts-n-Gutts
5:00 am Mon., Wed., Fri.	6:00 am Tue. & 7 am Sat.	7:00 pm Mon. & Wed.	7:00 pm Tue. & Thurs.
August 1 st	July 26 th	August 1 st -	August 2 nd
September 5 th	September 13 th	September 5 th	September 1 st
October 3 rd	November 1 st	October 3 rd	October 4 th
November 7 th	None	November 2 nd	November 1 st
January 2nd 2006 REGISTER REAL EARLY TO SECURE SPOT	January 3rd 2006 REGISTER REAL EARLY TO SECURE SPOT	December 6 th	December 1 st
\$129	\$129	\$10 Registration fee. Includes: Fitness assessment and nutrition consultation. You will be charged another registration fee if you are inactive for more than 2 months \$25 Monthly Fee. Includes both cardio-kick and butt-n-gutt.	

How much do you owe? \$ _____ Indicate your method of payment: Check Check Number _____

Cash: Amount enclosed Verified by: _____ Credit Card: Visa Master Card Discover

Account number: _____ 4-digit expiration date: _____

Name on Card (Please Print): _____ Amount to charge: _____

Billing Address: _____ Signature: _____

Thank you!