



# Client Add/Change Sheet

Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

Circle One:  New Client or  Client Info Change (check which)  
\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Package

Client Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City : \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Ph. # \_\_\_\_\_

## Agreement and Release of Liability

- In consideration of being allowed to participate in personal training or fitness programs with Fit-X San Diego and to use its contracted facilities, equipment and machinery , I do hereby waive, release, and discharge Fit-X San Diego and its officers, agents, employees, sub-contractors, representatives, executors, and all others from all liability created from injuries, damages and fees due to my actions, representations, omissions, skill and physical ability which result from my participation in any activities. Initial \_\_\_\_\_
- I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. Initial \_\_\_\_\_
- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated: \_\_\_\_\_  
I agree that Fit-X San Diego associates will make recommendations based on accurate or update information provided in a Health History Questionnaire, physicians note or from other client medical treatments. Initial \_\_\_\_\_
- I acknowledge that is has been recommended that I have a yearly physical examination and consultation with my physician as to the physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning any physical limitations during fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume responsibility for my participation and activities, and utilization of equipment and machinery in my activities with Fit-X San Diego a division of Island Fitness Express, Inc. at all Fit-X San Diego Service Sites. Initial \_\_\_\_\_

Client Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fit-X San Diego Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: _____	Credit Card Info: Type: MC Visa Amex Disc
_____	Card # _____
_____	Card Expiration # _____ Security Code _____
Starting Frequency _____	PT Location: _____
Rate: _____	Other: _____
Amount per sess. \$ _____	
Travel Fee \$ _____	

### Office Use Only:

\_\_\_\_\_ Welcome Letter \_\_\_\_\_ Waiver \_\_\_\_\_ Added to Quickbooks  
\_\_\_\_\_ Client File \_\_\_\_\_ B-Day File



# New Client Check List for \_\_\_\_\_

\_\_\_\_\_ 1) Consultation

- a. Health Wellness and Lifestyle Questionnaire
- b. New Habits Worksheet and Readiness Questionnaire
- c. Brochure - review fees
- d. Session Cancellation and No-show policies reviewed
- e. Agreement and Release of Liability Waiver signed
- f. Schedule first appointments
- g. Develop regular schedule
- h. Review goals and develop calendar
- i. Review scheduling and communication methods
- j. Give them folder containing: recommendations, cancel/no show policy, helpful hints, purchase recommendations, and brochure, latest newsletter etc....
- k. You keep the questionnaire

\_\_\_\_\_ 2) Call doctor if required and/or arrange for doctor's release

\_\_\_\_\_ 3) Follow Up Note mailed

\_\_\_\_\_ 4) Complete New Client Add/Change form and turn it in with pay packet during pay period when the new client started. Be sure to add new client address and phone numbers to your personal phone list

\_\_\_\_\_ 5) Referral? Extend complimentary session to:  
Name \_\_\_\_\_

\_\_\_\_\_ 6) First Session

- a. measurements
- b. general instructions and exercise guidelines utilizing core exercises as the model
- c. accept payment, signed waiver and any doctors release or PT