

**Elite Health & Fitness Training, Inc.**  
**CLIENT PORTFOLIO: Personal Fitness Training**

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

Date: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Personal Contact Information**

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

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

May we call you at your place of work if you are not at home when we try to contact you?      Yes      No

May we call you on your cell phone if you are not at home/office when we try to contact you?      Yes      No

E-Mail (Please Print Clearly): \_\_\_\_\_

How often do you check your email?      Daily      Every couple days      Weekly      Rarely

Can we send you your monthly invoice via email rather than through US Mail?      Yes      No

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Family Physician Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Fax: \_\_\_\_\_

**Exercise History**

How many times per week can you *realistically* exercise and for how long each session?

\_\_\_\_\_

What prior exercise experience do you have and how long ago was it?

\_\_\_\_\_

\_\_\_\_\_

Please list any physical recreational activities you are involved with: \_\_\_\_\_

\_\_\_\_\_

How did you find out about Elite Health & Fitness Training, Inc? \_\_\_\_\_

**Medical History Questionnaire**

Have you ever been told that you have/had any of the following medical conditions?

\*\*\*Please check all that apply\*\*\*

Cancer		Cirrhosis/Liver Disease	
Diabetes		Polio	
Hypoglycemia		Chronic Bronchitis	
Hypertension (High Blood Pressure)		Pneumonia	
Heart Disease		Migraine Headaches	
Angina		Anemia	
Stroke		Stomach Problems (Ulcers)	
Kidney Disease		Arthritis	
Kidney Stones		Gout	
Urinary Tract		Visual Problems	
Allergies		Hearing Problems	
Asthma		Seizures Disorder	
Rheumatic Fever		HIV/AIDS	
Hepatitis/Jaundice		Tuberculosis	
Osteoporosis		Neurological Condition(s)	
Vertigo/Balance Disorder		Sciatica/Radiculopathy/Back Pain	
Broken/Fractured Bone(s)		Soft Tissue Injury (i.e. Sprains/Strains)	

\*If you have checked any of the above listed medical conditions that require additional explanation, please indicate that below:

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If you are currently being treated for any medical conditions please list them here:

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Please list any and all operations you have had in your lifetime:

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Do you smoke? \_\_\_\_\_ How many packs per day & for how many years? \_\_\_\_\_

Occupation (This may be important information when designing **your** exercise program):

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# Elite Health & Fitness Training, Inc.

## CLIENT POLICIES AND AGREEMENT

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- 24 hours notice is required for all canceled sessions. Unfortunately, there are **NO EXCEPTIONS TO THIS CLAUSE!** If proper notification is not given, a cancellation fee of \$75.00 will be charged. **THIS POLICY WILL BE STRICTLY ENFORCED.**
- If you wish to reschedule an appointment, Elite Health & Fitness Training, Inc. will make every attempt to accommodate your request. However, if we are unable to find an alternative time slot within the same week (weeks run from Monday to Sunday), and your request is placed less than 24 hours prior to your scheduled appointment time, a cancellation fee of \$75.00 will be charged.
- Training sessions are one hour in length. The hour will begin when your trainer arrives at the predetermined meeting place (i.e. your house, office or gym). If you are not ready at that time or are interrupted during your training session, your one hour time limit will not be extended. Therefore, it is recommended that you prepare in advance for the arrival of your trainer.
- Sessions can be performed in your home, office or gym (if outside trainers are permitted).  
\*Some geographical restrictions apply to this policy. Determination of an out of range training site is left completely to the discretion of Elite Health & Fitness Training, Inc.
- In the event that you are not at your predetermined meeting place (i.e. your house, office or gym) at your scheduled meeting time, your trainer is required to wait 15 minutes past the scheduled meeting time. If after 15 minutes has passed, and you have not shown for your training session, your trainer is permitted to leave and a cancellation fee of \$75.00 will be charged.
- There may be instances in the future where your Elite Health & Fitness trainer will be training a new employee. All Elite Health & Fitness Trainers are required to undergo observation and on the job training prior to training their first client for Elite Health & Fitness Training, Inc. With this in mind, there may be instances in the future where a new employee in training is observing your personal trainer. This is a common practice for our company and should be expected occasionally. If you object in any way to having your training session(s) observed by a new Elite Health & Fitness trainer you must call our office at 856.216.0044 to give us notification when your first receive this form. Thank you!
- A \$35.00 fee will be charged for any checks returned to Elite Health & Fitness Training, Inc. due to insufficient funds in your bank account.
- **Billing Procedure:** A running total of all sessions taken during any given month will be tracked and then billed for at the end of each month. For example, if you had 10 training sessions in the month of January, you will be billed the first week of February for 10 sessions. A two-week grace period will be granted to submit your payment. Please make checks payable to “***Elite Health & Fitness***” and mail to:

Elite Health & Fitness Training, Inc.  
3 Rhode Island Avenue  
Cherry Hill, NJ 08002-3117

I, \_\_\_\_\_, have read, understood and agree with all of the above clauses.  
(Please print your name)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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# Elite Health & Fitness Training, Inc.

## AGREEMENT OF RELEASE & WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

1. I am participating in the health & fitness classes, programs and/or workshops offered by Elite Health & Fitness Training, Inc., during which I will receive information and instructions about health & fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the health & fitness classes, programs and/or workshops. I represent and warrant that I am physically fit and I have no medical condition(s), which would prevent my full participation in the health & fitness classes, programs and/or workshops offered by Elite Health & Fitness Training, Inc.
3. In consideration of being permitted to participate in the health & fitness classes, programs and/or workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of participation.
4. In further consideration of being permitted to participate in the health & fitness classes, programs and/or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Elite Health & Fitness Training, Inc. for any injuries or damages that I may sustain as a result of participation.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant: \_\_\_\_\_

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

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OR

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As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

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

Signature of parent/guardian of participant: \_\_\_\_\_

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**Elite Health & Fitness Training, Inc.**  
**MEDICAL INFORMATION RELEASE AUTHORIZATION**

Regarding: \_\_\_\_\_

**To Whom It May Concern:**

Please provide Elite Health & Fitness Training, Inc. information/copies of hospital and medical records or reports of any sort, assessments, prescriptions, information and treatment(s) of myself, pertaining to any examinations, treatment or condition of myself for medical reasons that pertain to my ability to participate in a supervised exercise/nutrition program with Elite Health & Fitness Training, Inc.

This authorization shall be considered as continuing and you may rely upon it in all respects unless I have previously advised you in writing to the contrary.

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

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

# Elite Health & Fitness Training, Inc.

## Fitness Training Rates

Service(s)	1 Person	2 Person	3 Person	4 Person	5+ Person
Private Personal Training & Yoga (Per Hour Charges)	\$75.00	\$50.00 Per Person	\$40.00 Per Person	\$37.00 Per Person	\$34.00 Per Person
Nutritional Counseling (Initial Consultation)	<b>Initial Consultation Package (3 Hours Total): \$125.00</b> Includes: <ul style="list-style-type: none"> <li>• 15 Minute Phone Interview</li> <li>• Complete Diet Analysis</li> <li>• One Hour In-Home Meeting (Additional time over 1 hour: Billed @ \$20.00 per 15 minute increment.)</li> <li>• Diet Plan Review</li> <li>• Behavior Modification Strategies</li> </ul>				
Nutritional Counseling (Follow-Up Consultations)	<b>In-Home: \$100.00 Per Hour</b> <b>Phone: \$80.00 Per Hour</b>				
Cancellation Policy for ALL Services	24 hours notice is required for all canceled sessions. If proper notification is not given, a cancellation fee of \$75.00 will be charged. <b>This policy will be strictly enforced.</b> See Client Policies and Agreement for details.				

## Billing Procedure

You will receive an invoice during the first week of every month. A running total of all sessions taken during any given month will be tracked and then billed for at the end of each month. For example, if you participated in 10 training sessions in the month of January, you will be billed on February 1<sup>st</sup> for 10 sessions. A two-week grace period will be extended to you to make your payment.

## Fitness Assessments

Your first session with Elite Health & Fitness Training includes a comprehensive fitness assessment. Though not mandatory, it is highly recommended that you take part in the fitness assessment to have a permanent record of where you started from prior to starting your fitness training program. Quarterly follow-up fitness re-assessments will be performed to chart your progress. Fitness assessments include the following:

- Blood Pressure Screening
- Body Fat Analysis
- Circumference Measurements
- Posture Screening
- Body Weight Monitoring

## \* REFERRAL PROGRAM \*

You will receive a free session when your referral(s) complete their 5th training session with Elite.

# GETTING STARTED

**This form is provided to give you an idea of how the *average* client will progress through his or her first 10 sessions. However, each client will be monitored closely and advanced through their program on an individual basis.**

## No Physical Activity Sessions

### ▶ **Initial Consultation:**

- 1) Training program introduction
- 2) Inspect home equipment (when applicable)
- 3) Discuss fitness goals
- 4) Develop fitness training schedule/plan
- 5) General nutrition evaluation (Referral to Registered Dietician if necessary)
- 6) Begin tracking your diet (if necessary)

### ▶ **Session I:**

- 1) Fitness assessment – included as part of first session (~15 minutes)
- 2) Cardiovascular training education & heart rate monitor instruction

## Low Intensity Sessions

- ▶ **Session II:** Full body stretching program instruction & Basic abdominal training (time permitting)
- ▶ **Session III:** Basic lower body strengthening & Basic abdominal training (review)
- ▶ **Session IV:** Basic upper body strengthening & Basic abdominal training (review)
- ▶ **Session V:** Basic lower body strengthening (review) & Abdominal training
- ▶ **Session VI:** Basic upper body strengthening (review) & Abdominal training

## Moderate Intensity Sessions: (Includes manual stretching from your trainer after your workout)

- ▶ **Session VII:** Combine basic upper & lower body strengthening & Abdominal training
- ▶ **Session VIII:** Combine basic upper & lower body strengthening (review) & Abdominal training

## Full Intensity Sessions: (Includes manual stretching from your trainer after your workout)

- ▶ **Session IX:** Upper & lower body strengthening & Abdominal training
- ▶ **Session X:** Upper & lower body strengthening & Abdominal training

# NOW LET'S WORK HARD & HAVE SOME FUN!