PERSONAL TRAINING
CLIENT
PAPERWORK

Client’s Name: ____________________________

E-mail: ____________________________

Phone: ____________________________
<table>
<thead>
<tr>
<th>CLIENT INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name:--------------</td>
</tr>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>City/State:</td>
</tr>
<tr>
<td>Name of Emergency Contact:</td>
</tr>
<tr>
<td>Cell/Home Phone Number:</td>
</tr>
<tr>
<td>Today's Date:</td>
</tr>
<tr>
<td>Height:</td>
</tr>
</tbody>
</table>
**HEALTH HISTORY QUESTIONNAIRE**

Date of last physical exam:  
Clinic:

Please list any medications and/or supplements you are currently taking. Please include frequency and dose.

<table>
<thead>
<tr>
<th>Have you ever been or are currently diagnosed with the following?</th>
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</thead>
<tbody>
<tr>
<td>ARTHRITIS</td>
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<tr>
<td>BACK PROBLEMS</td>
</tr>
<tr>
<td>BONE/Joint or MUSCULAR ISSUES</td>
</tr>
<tr>
<td>PREGNANCY *CURRENT OR PLANNING TO BECOME</td>
</tr>
<tr>
<td>HYPERTENSION</td>
</tr>
<tr>
<td>HEART MURMUR</td>
</tr>
<tr>
<td>HIGH CHOLESTROL</td>
</tr>
<tr>
<td>DIABETES *Type 1 or 2</td>
</tr>
<tr>
<td>ASTHMA</td>
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</tbody>
</table>

**OTHER:** (Please include any surgeries, hospitalizations or any other diagnoses)

If you have two or more high risk factors, a Medical Clearance is required before testing or training occur. If there are any changes to your health, please notify your Personal Trainer immediately.
Client Goal Profile

To best assist you in achieving your goals and getting the most out of your personal training sessions, please fill out the following information.

| What are your specific health and wellness goals? Check all that apply |  |
|---|---|---|---|
| Lose weight | Rehabilitation for injury | Improve motivation | Learn more about fitness |
| Improve strength | Improve self-confidence | Other: |
| Gain muscle mass | Reduce stress | Other: |
| Improve sport performance | Decrease health metrics | Other: |
| *BP, cholesterol, glucose (etc.) |  |  |  |

Are you currently engaged in regular physical activity?

- YES (details):
- NO

How many days do you feel you can dedicate to improving your physical activity?

EXPLAIN:

Do you feel like you need assistance with a nutrition program?

- YES (details):
- NO

Please list any goal that you would like to achieve:
PERSONAL TRAINING
CANCELLATION/REFUND POLICY

Personal training is a time commitment for members as well as trainers. Dakotah! Sport & Fitness utilizes a cancellation and refund policy for all personal training sessions.

To cancel a Personal Training Session, you must notify your trainer 24 hours in advance:

- Call the Fitness Desk 952-496-6874
- Call the trainer directly

If you fail to give a 24-hour notice, you will be charged your full session rate.
*Exceptions to this policy include illness and family emergencies.

Refund Policy:

- Full refunds will be given for medical reasons. A physician’s notice stating the reason the member is unable to complete the sessions by the expiration date must accompany the refund request.

- All other requests for refunds for any other reason will be given at 50% of the remaining balance at the discretion of Dakotah! Sport & Fitness.

I have read the above cancellation and refund policy and agree with the policy terms.

Member Signature: ____________________________ Date: __________

Printed Name of Member: ____________________________

Personal Trainer Signature: ____________________________ Date: __________

Printed Name of Personal Trainer: ____________________________