



GroupFIT Registration Form

**5206 SW 91st Terrace, Suite A
Gainesville, FL 32608
352-692-4926
www.sweatlifefitness.com**

- \$129/mo Unlimited (\$99 before 3/31/12*)
- \$99/mo Additional Family (\$79 before 3/31/12*)

- Cash Check Credit Card (Please Fill Out Below)

Circle: Visa MC AMEX Discover

Name on Card : _____ Exp _____

CC Number: _____ CVC _____

- Check here if you would like automatic billing to your credit card on file each month.

Circuit Training - Boot Camp - Break Through Plateaus - Burn Fat - Get Strong

Full name: _____ Cell phone: _____

Address: _____ Work phone: _____

_____ E-mail address: _____

Profession: _____ Emergency Contact: _____

Date of birth: _____ Contact Phone: _____

Home phone: _____

Is this your first camp? Yes No, last camp attended: _____

I rate my current fitness level (1-10, 10 being high) as: _____

How did you find us? _____ I was referred by: _____

My main goal is: _____

Comments: _____

Description: Our GroupFIT workout programs are typically one hour long, and led by a Sweat Life Fitness Certified Personal Trainer. We accommodate most fitness levels. Each class incorporates a variety of exercises designed to improve cardiovascular and muscular endurance, balance, agility, core strength, and overall fitness. No two classes are alike. Be prepared for a fun and challenging workout.

What you receive: Certified Personal Trainer, Regular Fitness Evaluations, Progress Reports, Educational/ Instructional Information, State-of-the-art Fitness Equipment, Accountability, Motivating Group Environment.

Current Class Schedule:
Subject to Change, Check Website for Updates
Kanapaha Park: Tues/Thurs 6 AM & 6PM; Sat 8:30 AM
Sun Country: Mon/Wed 6 AM & 6:30 PM

Notes:
Please arrive 5 minutes early. Class will begin on time.

Fees/Payment:
\$129/mo Unlimited (\$99 before 3/31/12*), \$99/mo Additional Family Member Unlimited (\$79 before 3/31/12*) *Lower rate will remain in effect for the duration of uninterrupted training.

Joining a class after the session commences results in a pro-rated fee based on your start date. There are no pro-rated refunds or credits for missed or dropped classes.

Payment methods - cash, check, or credit card. Check made out to Sweat Life Fitness, Inc. Payment due before first session begins and at the beginning of each month. 10 days notice to cancel.



Medical History

NOTICE: It is recommended that you seek your doctor's advice before beginning any health/fitness/nutrition program!

- Y N 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? List: _____
- Y N 2. Do you take any prescribed medication on a permanent or semi-permanent basis? List: _____

- Y N 3. Please list any allergies: _____
- Y N 4. Do you have diabetes? If Yes, List medications: _____
- Y N 5. Have you ever been found to be anemic (low blood count)?
- Y N 6. Do you have high blood pressure (hypertension)? List medications: _____
- Y N 7. Do you have or have you ever had the following diseases? (please circle) Heart Lung Kidney Liver
- Y N 8. Do you have asthma? If Yes, List medications: _____
- Y N 9. Have you ever had a severe head/neck injury? Describe: _____
- Y N 10. Do you have a seizure disorder (epilepsy)?
- Y N 11. Are you pregnant or post-partum?
- Y N 12. Have you had a broken bone or fracture in the past 2 years? Describe: _____
- Y N 13. Have you ever injured your back? Describe: _____
- Y N 14. Do you have back pain? Never Seldom Occasionally Frequently with exercise or heavy lifting
- Y N 15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe: _____
- Y N _____
- Y N 16. Do you have other physical conditions which cause pain? Describe: _____
- Y N 17. Detail any surgical procedures: _____
- Y N 18. Are you a smoker? If yes, how often? _____
- Y N 19. Are you training for a specific event? _____
- Y N 20. Is there any reason why you should not exercise? _____
- Y N 21. Have you had your body fat tested? If yes, what percent is it? _____

Sign: _____ Date: _____

Print Name: _____ Guardian (if under 18) : _____



Release Form

This release is entered into between the Undersigned and Sweat Life Fitness.

The purpose of Sweat Life Fitness is to provide fitness instruction and coaching for various levels of athletes/individuals.

The Undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

Acknowledges that Sweat Life Fitness instructors, support staff and affiliates are not physicians and are not trained in any way to provide medical diagnosis or any other type of medical advice.

Acknowledges that I have been advised to consult my physician to determine my readiness to participate in this exercise program, especially if I am in a high-risk category.

Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Sweat Life Fitness does not guarantee either good or bad will occur, nor guarantees the training advice given by Sweat Life Fitness will produce good or bad results.

Acknowledges that the undersigned has been told if they feel tired, feel pain, or feel out of the ordinary in any way, either related to your training or otherwise, that the undersigned should contact a physician at once.

Acknowledges that outdoor fitness programs carry with it potential risks of injury associated with outdoor activities, i.e. potholes in the grass, falling on the sidewalk, insect and animal bites, etc., and that the undersigned assumes the risks for participating in this type of program.

Acknowledges that fitness and conditioning activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care the trainer takes to prevent injuries. The training activities offered by Sweat Life Fitness provide for activities such as obstacle courses, weight lifting, walking, jogging, running, jumping, stretching, and other aerobic activities. Some activities will involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. In addition, many activities will involve equipment (including but not limited to hand weights, resistance tubing, cones, agility ladders, hurdles, moving vehicles) - all of which have the potential of malfunctioning and causing injury. The specific risks vary from one activity to the next, but in each activity the risks range from: 1) occasionally occurring minor injuries such as scratches, bruises, muscle strains, and sprains, to 2) rarely occurring major injuries such as ligament damage, broken bones, joint or back injuries, concussions, and heart attacks to 3) the very rare occurrence of catastrophic injuries including paralysis and death.

The undersigned assumes the risks for participating in these types of events/activities, acknowledges that they are fit to participate, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned on behalf of his/her self, heirs, personal representatives, or assigns, expressly waives, releases, discharges, and agrees not to sue from any liability of death, disability, personal injury, or action of any kind, Sweat Life Fitness, its owner, officers, employees, volunteers, or agents, for the undersigned participating in said activities or events and/or training for said activities or events.

The undersigned also agrees to release, waive, discharge, and covenant not to sue Sweat Life Fitness, its owner, officers, employees, volunteers, or agents from liability from any and all claims arising from ordinary negligence of Sweat Life Fitness or any of the aforementioned parties.

The undersigned agrees that this is the full agreement between the parties, and that this agreement was signed freely and voluntarily and intends his/her signature to signify a complete assumption of the inherent risks in any way associated with the training program offered by Sweat Life Fitness to the greatest extent allowed by law in the state of Florida.

Your signature will be required at the time of your evaluation. By submitting this form you agree to all terms stated.

Sign: _____ Date: _____

Print Name: _____ Guardian (if under 18) : _____