



CASSIE SHAW
Certified Personal Trainer

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FITNESS ON THE FLY
Information Sheet

Name: _____ Start Date: _____

Birthday: _____ Height: _____ Weight (optional) _____

Street Address: _____

City: _____ ZIP: _____

Phone: _____ Other Phone (if applicable): _____

Email Address: _____

Emergency Contact: _____

PLEASE LIST ANY:

Current Injuries: _____

Prior Surgeries: _____

Medications: _____

Allergies: _____

NO SHOW POLICY: If possible... Please call or text by 9pm the night before, You are allowed 2 per month that you will not be charged for if you have to cancel last minute. Any additional canceled sessions will result in being charged for the training session. If not canceled by 9pm the night before. Sessions will be rescheduled for a different time or day whenever possible.
REFERRALS: If you have a friend or relative who could benefit from our program please list their name and phone number below.

CLIENT SIGNATURE: X _____

PAR Q.

- Yes No** 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No** 2. Do you feel pain in your chest when you do physical activity?
- Yes No** 3. In the past month have you had chest pain when you were not doing physical activity?
- Yes No** 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No** 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No** 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No** 7. Do you know of any reason why you should not do physical activity?
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ACSM HEALTH STATUS QUESTIONNAIRE

- Yes No** 1. Do you have personal history of heart disease?
- Yes No** 2. Do you have personal history of metabolic disease (thyroid, renal, liver)?
- Yes No** 3. Have you had diabetes, and if so for how long?
- Yes No** 4. Any unaccustomed shortness of breath (perhaps during light exercise)?
- Yes No** 5. Have you had any problems with dizziness or fainting?
- Yes No** 6. Do you have any family history of cardiac or pulmonary disease prior to age 55?
- Yes No** 7. Have you been assessed as hypertensive on at least 2 occasions?
- Yes No** 8. Has your serum cholesterol been measured at greater than 240 mg/dl?
- Yes No** 9. Has your HDL (the “good” cholesterol) been measured at greater than 60 mg/dl?
- Yes No** 10. Are you a cigarette smoker?
-

I have read and answered all the questions above accurately and honestly

Name: _____

Signature: X _____

PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

Strength, flexibility and aerobic exercise are all potentially hazardous activities and involve a risk of injury. It is highly recommended that you consult with your physician before beginning or modifying any exercise program. By signing below you agree to assume and accept all risks.

1. I warrant that I am in good health and that I have notified FOTF of any pre-existing medical conditions that I have.
2. If equipment is defective, I will not use it and I will report its condition to my trainer immediately.
3. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
4. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Cassandra Shaw and Fitness On The Fly, for any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of exercise equipment or facilities, including any such claims which allege the negligent acts or omissions of Cassandra Shaw and/or Fitness On The Fly.
5. Should Cassandra Shaw or Fitness On The Fly or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, i agree to indemnify and hold them harmless for all such fees and costs.
6. In the event that i file a lawsuit against Cassandra Shaw and/or Fitness On the Fly, I agree to do so solely in the state of Massachusetts, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

CLIENT SIGNATURE: X _____ DATE: _____

Thank you for choosing
IN HOME PERSONAL TRAINING
FITNESS
on the fly