

Fitness with a Purpose

Trial Class Questionnaire

Referred By: _____

Class Date:/...../.....
MM DD YYYY

Bring this form to your first trial class. This questionnaire must be completed prior to participating in your trial class(s)

<p style="text-align: center;">Student Information</p> <hr/> <p>Surname _____</p> <hr/> <p>First Name _____</p> <hr/> <p>Date of Birth:/...../..... MM DD YYYY</p> <hr/> <p>Address:</p> <p><i>Street:</i> _____</p> <p><i>City, Prov:</i> _____</p> <p><i>Postal Code:</i> _____</p> <hr/> <p>Contact Information</p> <p>Phone (day): _____</p> <p>(evening): _____</p> <p>Email: _____</p> <p>Emergency Contact (<i>name & phone</i>): _____</p> <hr/> <p style="text-align: center;">How Did You Hear About Us</p> <hr/> <table style="width: 100%; text-align: center;"> <tr> <td>Referral</td> <td>Website</td> <td>Brochure</td> </tr> <tr> <td>Location</td> <td>WKFA Referral</td> <td>Other (<i>specify</i>)</td> </tr> </table>	Referral	Website	Brochure	Location	WKFA Referral	Other (<i>specify</i>)	<p style="text-align: center;">Medical Information</p> <hr/> <p>Do you require approval from a Medical Doctor to participate in a fitness program?</p> <p style="text-align: center;">Yes No</p> <p>If yes, do you have approval to participate in Fitness with a Purpose?</p> <p style="text-align: center;">Yes No N/A</p> <hr/> <p>Check-off (☑) and provide details if you suffer from any of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Diabetes <input type="radio"/> Epilepsy <input type="radio"/> Migraine <input type="radio"/> Hemophilia <input type="radio"/> Heart Disorders <input type="radio"/> Allergies <input type="radio"/> Respiratory Disorders <input type="radio"/> Joint Pains <input type="radio"/> Back Pain <input type="radio"/> Arthritis <input type="radio"/> Other medical difficulties: <hr/> <p style="text-align: center;">Motivation</p> <hr/> <p>What do you hope to achieve through participation in the Fitness with a Purpose program? (<i>Circle all that apply</i>)</p> <table style="width: 100%; text-align: center;"> <tr> <td>Self-esteem</td> <td>Self-confidence</td> <td>Self-defense</td> </tr> <tr> <td>Stress management</td> <td>Weight loss</td> <td></td> </tr> <tr> <td>Increased Flexibility</td> <td>Increased aerobic capacity</td> <td></td> </tr> <tr> <td>Coordination</td> <td>Mind/body connection</td> <td></td> </tr> <tr> <td>Social Connections</td> <td>Other (<i>specify</i>)</td> <td></td> </tr> </table>	Self-esteem	Self-confidence	Self-defense	Stress management	Weight loss		Increased Flexibility	Increased aerobic capacity		Coordination	Mind/body connection		Social Connections	Other (<i>specify</i>)	
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PLEASE READ CAREFULLY

The participant hereby releases and forever discharges Sleeping Dog Marketing, Lloyd M. Fridenburg, his officers, instructors, members and authorized guests from any and all actions, causes of action, claims and demands whatsoever for damage, loss or injury, howsoever arising which may hereafter be sustained by me in consequence of my trial class(s) in the academy, and also agree that Sleeping Dog Marketing, Lloyd M. Fridenburg, and its members shall not be responsible for any loss or theft of the participant's personal possessions however caused.

I UNDERSTAND THAT THIS IS A COMPLIMENTARY CLASS AND THAT I AM UNDER NO OBLIGATION TO ENROLL.

PARTICIPANT'S SIGNATURE _____

SLEEPING DOG MARKETING per: _____