



FITNESS PROFILE

FOR CLUB USE ONLY

Membership Counselor: _____
 Amount paid \$ _____ Cash Check Credit Card
 Date entered into InTouch: ____/____/____
 Entered in by: _____

PLEASE PRINT CLEARLY

Date ____ / ____ / ____ Time _____

*Name _____

*Address _____

*City, State, Zip _____

*Home Phone _____

*Cell Phone _____

*Emergency Number _____

Age _____

Marital Status ____ Single ____ Married

Email _____

Employer _____

*Date Of Birth ____/____/____

Children ____ Yes ____ No

*How did you hear about us? _____

*** REQUIRED TO WORKOUT**

What are your primary fitness goals?

_____ Weight Loss ____lbs _____ Free Weights _____ Increased Cardio Endurance
 _____ Weight gain ____lbs _____ General Conditioning _____ Improve Flexibility
 _____ Build Muscle _____ Personal Training _____ Rehabilitation
 _____ Aerobics (Group X) _____ Overall Health & Wellness _____ Chiropractic Care

Assumption of Risk – Fitness Representation – Arbitration

By the use of the facilities by the attendee at any of the Club 7 Fitness expressly agrees that owners/company shall not be liable for any damages arising from personal injuries sustained by the attendee or his/her guest in, on, or about the said gymnasium, and for any injuries, damages, or losses that may occur to attendee or guest on, in, or about the premises of said Club 7 Fitness and does hereby fully and forever release and discharge Club 7 Fitness and all associated fitness centers, owners, employees, and agents from any and all claims, demands, damages, right of action, or his/her guest's use of the said facilities, fitness centers, or equipment, whether cause by the fault or negligence of Club 7 Fitness or its employees/agents/independent contractor, or other attendee or guest, or by the fault or negligence of the attendee or his/her guest.

Guest Signature _____

Date _____

Parent/Guardian _____

Date _____