

Let Me Train You Fitness New Client Information and Registration Form

Name (Please Print or Type Clearly): _____

Street Address: _____ Zip: _____

Phone # (Home): _____ Cell: _____

Email (please print clearly) _____

DOB: _____ age _____

Emergency Contact: _____ Phone _____

Circle One Class Time 6am 6pm 7:15pm

Goals: ___ energy ___ weight loss/gain ___ nutrition/wellness ___ sports performance ___ stress relief ___ digestive relief ___ improved mental focus ___ better sleep ___ improved children’s health ___ financial opportunity

___ I have friends or family member that I believe could also benefit from your help and would like for you to meet them

Typical Day (food and drink intake/times/exercise etc):

Wake Time?

Breakfast? Eat/Drink?

Mid-morning Snacks/Drinks?

Lunch Time? Eat/Drink?

Mid-afternoon Snacks/Drinks?

Dinner Time? Eat/Drink?

Eating Stressors/Pitfalls?

Water intake daily?

Sodas? / Coffee?

Health/Medical Issues:- _____

Digestion: Upper – Acid/heartburn _____ Lower - How often move waste? _____

Current Exercise Regimen: _____

Current Medications: _____

Current Supplements: _____

Products Chosen: _____

Waiver and Release of Liability

I the participant involved with “Let Me Train You” intending to be legally bound, and recognizing the danger involved in physical exercise. I agree to the following: In consideration for the services rendered by Ramiro Alvarado and Let Me Train You in the establishment of a personal physical-fitness program for my benefit, I agree to waive any rights, claims, or damages and not sue for injuries or damages which may occur as a result of my participation in said fitness/nutrition program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. I understand that Let Me Train You is a personal training company and not a medical doctor, and that they will in fact be relying on my representations and disclosures regarding my health and physical condition. I also do not hold the aforementioned institutions liable for any personal injuries, bodily injuries, or property damage while going to and from the aforementioned property. Furthermore, if at any reason should medical care be necessary I the participant will be solely responsible for all cost that may arise due to but not limited to ambulance transportation, hospitalization, and on site medical care. By signing below I agree to the terms of the Waiver and Release of Liability.

Signed: _____ Date: _____

Your AdvoCare ID # www.advocare.com/ _____

