

Total Body Fitness Class Registration

Full Name: _____ Date of Birth: _____

Address: _____

(H) Phone: _____ Other Phone: _____

In Case of Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Please Read Carefully

You must sign in for each class by writing the date and your initials beside the date on your Class Card located on the table as you first enter. This Card is to be deposited into the payment box located at the entrance of the studio. This will help us both keep track of how many classes you have used and how many you have remaining.

Total Body Fitness Classes as presented by Joe Green dba Fit For You at 3301 Schoolhouse Lane, Harrisburg, PA lower level of Schappell Chiropractic Building, are intended for participants who are interested in improving their physical condition and/or supplementing their existing exercise program(s) through the instruction of exercises as presented by Joe Green. All participants are instructed to exercise at their own pace, encouraged to ask at time for a modified version of any exercise(s) presented or may stop. Modified exercise(s) are always be physically demonstrated with the understanding that participation in that exercise or any other exercise is not mandatory. You should discontinue exercising immediately if you experience dizziness, nausea, extreme exhaustion/fatigue, feel faint or any other symptom that would warrant stopping immediately. It is your responsibility to not only stop but to also inform Joe Green immediately.

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people, however some should check with their doctor before starting an exercise program or before becoming much more physically active. Below are a series of questions to help us both evaluate whether or not you should check with your doctor before you start. This applies to all participants regardless of age, who wish to exercise in our total body fitness class which is not like or intended to be personal one on one training. If you are over the age of 59 and you are not used to being very active, you will be required to get your doctors permission to participate first.

(Yes) (No) (Check the appropriate answer)

1. ___ ___ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. ___ ___ Have you recently had any chest pain associated with exercise or stress?
3. ___ ___ In the past month, have you had any chest pain when you were not doing any physical activity?
4. ___ ___ Do you lose your balance because of dizziness or do you ever lose consciousness?

5. ___ ___ Has your doctor ever told you that you have a bone or joint problem (for example: back, knee, hip, elbow, shoulder) that could be made worse by exercise or a change in your physical activity?
6. ___ ___ Is your doctor currently prescribing drugs (for example: water pills or any strong medications otherwise) for your blood pressure or heart condition?
7. ___ ___ Is there any other reason not mentioned here why you should not exercise or do physical activity?
8. **Please select the choice that best describes your work and exercise habits:**
- ___ (Intense) Occupational & Light Recreational Exercise Exertion
 - ___ (Moderate) Occupational & Light Recreational Exercise Exertion
 - ___ (Sedentary) Work & Intense Recreational Exercise Exertion
 - ___ (Sedentary) Work & Moderate Recreational Exercise Exertion
 - ___ (Sedentary) Work & Light Recreational Exercise Exertion
 - ___ Complete lack of all exertion – basically inactive

If any, please list any other comments that you feel are important to you and your participation in regular exercise/stretching classes or programs: _____

Payment Policy

Unless a promotional offer, membership or fitness package has been purchased, payment is due when arriving at class - \$10 per class, payable by cash or check. A group of classes (promotional offer, membership or fitness package) may be purchased by check. Unless otherwise stated multiple classes purchased in advance must be redeemed within 90 days from receipt of purchase.

This document is also a release – By signing it you: Acknowledge that injury may result from performing any exercise(s), programs, stretches or routines or similarly vigorous, strenuous activity; and that you have no conditions which would prevent you from engaging in such activities or which would make such activities dangerous, harmful or inadvisable to you; and that you have, in good faith inquired as necessary, and been advised by a medical doctor that you are clear to exercise without restriction(s); and that you agree that Joe Green dba Fit For You Personal Training & Nutrition, Schappell Chiropractic, it’s owners, employees, staff or any such affiliates shall not have any liability or responsibility for any injury or harm as a result/consequence of participating in any exercise/stretching program or class from or with Joe Green and that you hereby fully and forever exonerate and discharge all those parties mentioned in this statement from any and all claims, demands, rights of action or causes of action, present or future, whether the same be known or anticipated or unanticipated, resulting from or arising out of participation in exercise/stretching programs, classes or personal training. Signing below indicates you have carefully read, understood and completely agree to the information before you and have asked questions if applicable and received answers to your satisfaction and understanding and hereby fully agree to this paragraph as well as the other terms and conditions set forth in this document. Signing below indicates that you acknowledge, fully understand and agree to the terms and conditions set forth.

Signature: _____ Date: _____

Thank you and I appreciate the opportunity to work with you!! Any questions please feel free to ask at any time! Contact Information: (717) 579-8257 –or- www.phyt4u.com -or- joe@phyt4u.com