

Client Name:	Employer:	
	City / Prov. / Postal Code:	
Date of Birth:		
Phone:		
		nship:
		by Other/Referral Name:
	□ Weight loss □ Gain muscle □ Improved health serious are you in accomplishing your fitness g	
	$\square$ N/A $\square$ One time per week $\square$ 2-3 times per w	
	Cardio Weight training Classes (Pilates, Yog	
	Heart conditions High Blood Pressure On medica	
Have you been to Orangetheory Fitness b		ss Program holder at another studio? Yes No
	d know?	_
<ul> <li>7911 - 104 Street, Edmonton, AB, T6E 6M6 and underst</li> <li>Client agrees to assume full responsibility while v rules and regulations for use of the Studio or Facil</li> <li>Client understands and agrees that there is a risk during or following training and/or exercise. The function in rare instances, heart attack or stroke. T</li> <li>It is strongly recommended that Client receive a m programs are not designed for individuals with kn</li> <li>Client has been informed that any fitness program any and all damages, injuries or losses that may against the Studio, the Facility, the Studio instru- actions, or causes of action, whatsoever to my per the Studio and/or the Facility, as applicable). Clie damage actions causes of action and from all acts any successors and assigns, whatsoever, for any of participates, including without limitation, attorney</li> <li>24 Hour Cancellation Policy: Orangetheory Fitness enfor- advance you will be chas</li> <li>Late Cancel Policy: Orangetheory Fitness enforces a stri- ensures your spot in the class.</li> <li>Dress Code Policy: Orangetheory Fitness wants you to compare the strong of the str</li></ul>	tand agree to the following: voluntarily participating in any training class at the Studio or the lity which may be promulgated from time to time by the Studio. k of injury associated with participation in any exercise program ese may include, but are not limited to, mild lightheadedness, fa The reaction of the cardiovascular system to such activity cannot nedical clearance from his/her private physician prior to starting nown heart disease with or without functional impairment. m includes possible risks and all exercises shall be undertaken at be sustained or incur, if any, while participating in any studio actors, officers, directors, employees or agents of either and/or erson or property arising out of or connected to the services, faci- ent hereby agrees to indemnify defend, hold harmless, release ar s of active or passive negligence on the part of the Studio, the Faa damages, injuries or losses that may be sustained by the Client a sy's fees, costs, and expenses of any litigation, arbitration or other forces a strict 24 hour cancellation policy. If you have reserved y arged for the class. rict Late Cancel Policy. You must arrive 5 minutes prior to your cli-	g or participating in an exercise training program. The Studio's training at Client's sole risk and discretion. Client assumes full responsibility for exercise program or physical activity. Client hereby waives all claims any successor assigns or and all claims, demands, injuries, damages, illities, exercise classes, or the facility where same is located (including nd discharge the Studio and Facility from all claims, demands, injuries, icility, the Studio instructors, their servants, agents, employees, and/or arising from or in connection with the activities that Client voluntarily r proceeding.
Strap, if the equipment I util	ilized for Cardio GX training is not returned at the end of	C C
I HAVE READ THE	ABOVE STATEMENT AND UNDERSTAND AND	AGREE TO THE CONDITIONS:
Client's Signature:	Date:	
Parent/Guardian's Signature:	(if under age of 18)	Date:

(F	or Office Use Only)				
	Date	Time	Appt Type	Prescription	PT

### (For Office Use Only) Front Desk

	Cardio HealthPoor1 2 3 4 5 6 7 8 9 10Excellent
	Resistance TrainingPoor 1 2 3 4 5 6 7 8 9 10 Excellent
	Professional Assistance Yes No
f	"Yes", explain:

1. What barriers have you found in meeting your fitness goals?

2. What are the most important features you are looking for in a fitness studio?

3. Is this fitness program for you or someone else?

4. What times are you going to be using the studio?

## **Personal Trainer**

Pre Workout Reminders:		
	Welcome	
	HR Training and GX Overview	
	Appropriate Training Zones Based on Goals	
	What to Expect (Cardio/Resistance/TRX)	
	HR Prescription	
Post Workout Reminders:		
	Congratulate	
	Data Summary	
	Tanita/GX based on Goals	
	Recommend Water/Protein Intake	
	Take to Front Desk to Schedule Future Classes	

# Not Joined

Not Joined Checklist:
Did you take to front desk to book next session?Yes No
Did you book next session?  Yes No
If "Yes", Next session date? / /
If "No", Reason for not booking next session?
Did you get contact info?
Email:
Phone:
Reason(s) for not joining today:

# 

### Joined

Joined Checklist:	
	Key tag
	Photo
	POS Referrals How many did you collect?
	Booked Next Session
	Copy of Membership Agreement
	Client Take Away
	Did you ask about add-ons?
	Sent Thank You Card When? / /
Did you suggest Membership Kit?	
Did the client purchase the Membership Kit? 🛛 Yes 🗌 No	
A 1 1	

Additional Notes: