

Amanda Sterczyk Fitness

Personal Training, Group Fitness, Movement Coaching

Name: _____ DOB: _____

Address: _____ Phone: _____

Email address: _____

Emergency Contact: _____ Phone: _____

Would you like to be on the mailing list for class updates? No ___ Yes ___ (if yes, please include email address)

What your fitness goals? (check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Posture |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Balance/Coordination |
| <input type="checkbox"/> Pain Relief | Other: _____ |

Are you currently experiencing any of the following medical conditions? (check & circle)

- | | |
|--|---|
| <input type="checkbox"/> High/ Low Blood Pressure | <input type="checkbox"/> Digestive / Urinary Problems |
| <input type="checkbox"/> Respiratory / Circulatory Problems | <input type="checkbox"/> Muscular / Tendon / Joint Injury or Pain |
| <input type="checkbox"/> Heart Condition/Stroke | <input type="checkbox"/> Chronic Fatigue / Fibromyalgia |
| <input type="checkbox"/> Dizzy spells / Fainting / Epilepsy / Seizures | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Migraines | Other: _____ |

Do you have hypermobility in your joints? No ___ Yes ___ Where _____

List or describe all other medical conditions, physical limitations, precautions, surgeries or health concerns:

List all prescribed medications and the reason for taking them:

Release & Waiver (REQUIRED)

If at any time during the session/class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important that you listen to your body, and respect its limits on any given day. I, the undersigned, understand that Essentrics is not a substitute for medical attention, examination, diagnosis or treatment. I know the importance of consulting a physician prior to beginning any physically active program, including Essentrics. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every Essentrics class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class. I hereby assume all risks connected therewith and consent to participate in said program. Those under 18 years of age must have this form signed by a parent or guardian.

Signature

Date