

Fitness with a Purpose

Trial Class Questionnaire

Referred By:

Class Date:/...../.....
 MM DD YYYY

Bring this form to your first trial class. This questionnaire must be completed prior to participating in your trial class(s)

Student Information	Medical Information
Surname _____	Do you require approval from a Medical Doctor to participate in a fitness program? <div style="text-align: center;"> Yes No </div>
First Name _____	If yes , do you have approval to participate in Fitness with a Purpose? <div style="text-align: center;"> Yes No N/A </div>
Date of Birth:/...../..... MM DD YYYY	Check-off (☑) and provide details if you suffer from any of the following:
Address: Street: _____ City, Prov: _____ Postal Code: _____	<input type="radio"/> Diabetes <input type="radio"/> Epilepsy <input type="radio"/> Migraine <input type="radio"/> Hemophilia <input type="radio"/> Heart Disorders <input type="radio"/> Allergies <input type="radio"/> Respiratory Disorders <input type="radio"/> Joint Pains <input type="radio"/> Back Pain <input type="radio"/> Arthritis <input type="radio"/> Other medical difficulties: _____
Contact Information	Motivation
Phone (day): _____ (evening): _____ Email: _____ Emergency Contact (<i>name & phone</i>): _____	What do you hope to achieve through participation in the Fitness with a Purpose program? (<i>Circle all that apply</i>)
How Did You Hear About Us	<div style="display: flex; justify-content: space-around; text-align: center;"> <div>Self-esteem</div> <div>Self-confidence</div> <div>Self-defense</div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Stress management</div> <div>Weight loss</div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Increased Flexibility</div> <div>Increased aerobic capacity</div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Coordination</div> <div>Mind/body connection</div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Social Connections</div> <div>Other (<i>specify</i>)</div> </div>
<div style="display: flex; justify-content: space-around; text-align: center;"> <div>Referral</div> <div>Website</div> <div>Brochure</div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Location</div> <div>WKFA Referral</div> <div>Other (<i>specify</i>)</div> </div>	

PLEASE READ CAREFULLY

The participant hereby releases and forever discharges Sleeping Dog Marketing, Lloyd M. Fridenburg, his officers, instructors, members and authorized guests from any and all actions, causes of action, claims and demands whatsoever for damage, loss or injury, howsoever arising which may hereafter be sustained by me in consequence of my trial class(s) in the academy, and also agree that Sleeping Dog Marketing, Lloyd M. Fridenburg, and its members shall not be responsible for any loss or theft of the participant's personal possessions however caused.

I UNDERSTAND THAT THIS IS A COMPLIMENTARY CLASS AND THAT I AM UNDER NO OBLIGATION TO ENROLL.

PARTICIPANT'S SIGNATURE _____

SLEEPING DOG MARKETING per: _____