

NEW STUDENT PERSONAL ANALYSIS

Student Unltd _____
 Silver&Fit _____
 Silver&Fit Unltd _____
 Be Back _____
 Lead _____

Welcome Letter _____
 Outlook _____
 Constant Contact _____
 Payment Due Date _____

Name _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Home phone (____) _____ **Cell** _____ **Email** _____

Birthdate _____ **Age** _____

Emergency contact information:

Name _____ **Phone** (____) _____ **Relationship** _____

How did you hear about us? Doctor/Member/Website/Drive by/Newspaper/Other _____

Would you like our newsletter via email? Yes No

All Zen Wellness activities present a risk of injury to participants. I understand and accept that there is a risk of personal injury in this activity and I voluntarily assume that risk. I hereby release Zen Wellness and each corporate entity doing business under that name and other names and their respective officers, employees and agents, from any liability arising out of personal injury sustained by me while participating in this program. I understand that I will be asked to execute techniques that may involve strenuous physical activity and exertion on my part. I represent that I am not subject to any medical restrictions or condition which would render such activity unreasonably dangerous to my health and I hereby accept full responsibility for any injury that I may sustain.

X Authorization _____ **Date** _____

(Do not write below this line)

What specifically would you like to accomplish in our Zen Wellness program?	
1. _____ 2. _____ 3. _____	
Full time resident: yes no	If not, how long in AZ?
Other Activities:	Can you attend 1 or 2 times per week?
Current Health / Fitness Level: Excellent Good Fair Poor	
<p>I hereby authorize Zen Wellness to debit \$_____ each month from my bank or credit card account number listed below. I understand that I am in full control of this electronic method of payment. If I choose to discontinue this method of payment, I will simply advise Zen Wellness in writing, a minimum of 5 days prior to my scheduled debit date.</p> <p>Date: _____ Account Holder's Signature: _____</p> <p style="text-align: center;">All sales are final; sorry, no refunds _____ (initials)</p>	
VISA M/C AmEx Discover	Account # Exp. Date Payment Date
/	

Notes: _____
