



Aging Strong Fitness

New Client Intake Packet | Strength - Mobility - Balance - Healthy Aging

This packet combines client information, emergency contacts, health readiness, exercise history, fitness assessment, payment acknowledgement, scheduling policies, and release of liability.

Client Information

Full Name: _____ Date of Birth: _____
Phone: _____ Email: _____
Address: _____ City/State/Zip: _____

Emergency Contact Information

This information may be used in the event of an accident, injury, or medical emergency.

Primary Emergency Contact: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
Secondary Emergency Contact: _____ Relationship: _____
Secondary Phone: _____ Alternate Phone: _____
Preferred Local Hospital: _____ Insurance Company: _____
Policy Number: _____ Physician: _____
Physician Phone: _____

Emergency notes or important medical information:

Health and Medical Information

Current Medical Conditions: _____ Current Medications: _____
Current Injuries, Pain, or Limitations: _____ Previous Surgeries: _____

Check all that currently apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Back pain | <input type="checkbox"/> Knee pain |
| <input type="checkbox"/> Hip pain | <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Balance issues |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Recent injury | <input type="checkbox"/> Other: _____ |

Physical Activity Readiness Questionnaire (PAR-Q)

Please answer each question honestly. If you answer YES to one or more questions, consult your physician before starting or increasing physical activity.

Question	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness, or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem, such as back, knee, hip, or shoulder pain, that could be made worse by a change in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

I have read, understood, and accurately completed this questionnaire. I confirm that I am voluntarily engaging in exercise and understand that participation involves risk of injury.

Signature: _____

Date: _____

Printed Name: _____

Physical Activity and Exercise History

Have you previously worked with a personal trainer? If yes, please provide details:

What types of physical activity or exercise do you currently do?

How many days per week do you typically exercise?

What are your primary fitness goals?

Are there specific areas of your body you would like to focus on?

Do you have preferences or limitations regarding cardio, strength training, flexibility, balance, or other exercise types?

Fitness Assessment

These items may be completed by the client or by Aging Strong Fitness during the first session.

Height: _____

Weight: _____

Resting Heart Rate: _____

Blood Pressure: _____

Body Measurements (optional): _____

Flexibility level:

Strength level:

Cardiovascular endurance:

Balance or stability notes:

Additional comments or concerns:

Coaching and Membership Selection

Aging Strong LIVE Membership

LIVE Zoom Personal Training

In-Home Personal Training

7 Day Trial

Single Session

Other: _____

Selected Package: _____

Start Date: _____

Session Day/Time Preference: _____

Billing Frequency: _____

Payment Acknowledgement

Payment information is securely processed through the Aging Strong Fitness payment system. Credit card information should not be written on this form or stored on paper. Clients may be sent a secure checkout link or payment request.

Monthly billing

One-time payment

Credit card

Debit card

Other: _____

I understand that all payments, memberships, training plans, sessions, and digital services are non-refundable unless otherwise stated in writing. Monthly memberships and coaching plans may be canceled before the next billing date.

Client Initials: _____

Date: _____

Scheduling, Cancellation, and Membership Policy

Personal training appointments may be rescheduled with at least 24 hours notice and are subject to availability. Missed appointments or cancellations made with less than 24 hours notice may be forfeited.

LIVE Zoom memberships and group classes are available only during an active membership period. Missed group classes do not roll over. On demand video access is available only while membership is active unless otherwise stated.

Aging Strong Fitness reserves the right to make reasonable schedule, service, or programming adjustments when needed.

Final Client Acknowledgement

By signing below, I confirm that the information provided in this intake packet is accurate to the best of my knowledge and that I agree to the policies and terms outlined above.

Client Signature: _____

Date: _____

Printed Name: _____

Release of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in Aging Strong Fitness programs, classes, sessions, virtual coaching, in-home coaching, and related services, I understand the nature of physical activity and confirm that I am voluntarily participating. I acknowledge that exercise involves inherent risks, including but not limited to muscle soreness, strains, sprains, falls, serious bodily injury, permanent disability, and in rare cases death. I understand that these risks may be caused by my own actions or inactions, the actions or inactions of others, the condition of the area where activity takes place, equipment used, or other circumstances not known or reasonably foreseeable at this time.

I acknowledge that I am responsible for communicating any pain, discomfort, dizziness, shortness of breath, medical condition, injury, medication use, limitation, or change in health status before or during participation. If I believe any activity is unsafe, I agree to stop immediately and notify Aging Strong Fitness.

I hereby release, discharge, and agree not to sue Aging Strong Fitness, its owner, trainers, instructors, employees, contractors, volunteers, representatives, agents, sponsors, advertisers, and any property owners or lessors where sessions may take place, from liability, claims, demands, losses, damages, or costs arising from my participation, to the fullest extent permitted by law. I further agree to indemnify and hold harmless the released parties from any loss, liability, damage, or cost that may arise from any claim made by me or on my behalf.

I have read this Release of Liability, Assumption of Risk, and Indemnity Agreement. I understand that by signing it I am giving up substantial legal rights. I sign freely and voluntarily, and intend this agreement to be a complete and unconditional release of liability to the greatest extent allowed by law. If any part of this agreement is found invalid, the remaining portions shall continue in full force and effect.

Participant Name: _____

Date: _____

Participant Signature: _____

Parent/Guardian Signature if under 18: _____

Date: _____

Note: This form is a general business document and does not replace advice from a qualified attorney, insurance provider, accountant, or medical professional.