

Customer Intake Form

Personal Information:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Gender: _____

Occupation: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Coaching/Training Information:

What type of coaching/training are you interested in? _____

What are your goals for coaching/training? _____

What are your current challenges or obstacles? _____

How did you hear about our coaching/training services? _____

Have you worked with a coach/trainer before? If so, please describe your experience.

Are you currently working with a coach/trainer? If so, please provide their contact information.

Medical Information:

Do you have any medical conditions or injuries that may affect your ability to participate in coaching/training sessions? _____

Are you currently taking any medications? If so, please list them.

Do you have any allergies? If so, please list them. _____

By signing below, I acknowledge that I have read and understand the terms and conditions of the coaching/training services provided by [Your Business Name]. I agree to participate in coaching/training sessions at my own risk and release [Your Business Name] from any liability for any injuries or damages that may occur during or as a result of coaching/training sessions.

Signature: _____

Date: _____