

Tab 1



Grit Swagger Athletics Intake Form

(For Athletes)

Client Information:

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Age: _____
- Parent(s) of Athlete: _____

_____.

- Home Address: _____
- _____
- _____
- Phone Number: _____
- Email Address: _____
- School Name: _____
- Grade Level: _____
- Sport(s) or Activity: _____
- Team Name: _____

Health & Medical History:

1. Do you currently have any medical conditions or injuries? (If yes, please specify)
 - ☐ Yes
 - ☐ NoIf yes, please describe: _____
2. Are you currently taking any medications? (If yes, please list them)
 - ☐ Yes
 - ☐ NoIf yes, please list: _____
3. Have you had any of the following? (Check all that apply)

- Heart disease
- High blood pressure
- Asthma or breathing issues
- Diabetes
- Joint injuries or concerns (e.g., knees, back, shoulders)
- Other: _____

4. Have you ever been cleared by a doctor to engage in physical activity?

- Yes
- No

If no, please obtain medical clearance before starting.

Fitness Goals:

1. What are your primary fitness goals? (Check all that apply)

- Improve sport performance
- Increase strength or muscle mass
- Improve flexibility
- Lose weight
- Increase endurance
- Other: _____

2. What motivates you to reach these goals?

(e.g., sports performance, health, physical appearance, etc.)

Current Fitness Level:

1. How often do you currently exercise or train?

- Never
- 1-2 times per week
- 3-4 times per week
- 5+ times per week

2. What types of exercise do you currently do?

(e.g., running, strength training, soccer practice, etc.)

3. Do you have any preferences for exercises or activities?

(e.g., strength training, agility, flexibility, etc.)

4. Are there any exercises you dislike or need to avoid due to injury or preference?

Lifestyle & Nutrition:

1. **How would you describe your current diet?**
 - Balanced and healthy
 - Mostly whole foods
 - Processed foods
 - Other: _____
 2. **Do you have any dietary restrictions or preferences?**
(e.g., vegetarian, gluten-free, etc.)

 3. **How many hours of sleep do you get on average per night?**
 - Less than 5 hours
 - 5-6 hours
 - 7-8 hours
 - 9+ hours
-

Parental/Guardian Consent (If under 18):

I, the undersigned, am the parent or legal guardian of the above-named athlete and give my consent for them to participate in personal training and fitness activities. I understand that participation in physical activity carries some risk of injury and agree to release the trainer and any affiliates from any liability resulting from injury or accidents. I also confirm that the information provided above is accurate.

- **Parent/Guardian Name:** _____
 - **Signature of Parent/Guardian:** _____
 - **Date:** _____
-

Waiver & Release of Liability:

By signing below, I acknowledge that personal training involves physical exercise and activities that carry inherent risks. I hereby waive, release, and discharge the personal trainer and any affiliated entities from any and all claims, injuries, or damages that may result from my participation in fitness activities.

I understand that I am responsible for informing the trainer of any medical conditions, injuries, or concerns that may affect my participation in physical activities.

- **Signature of Client (or Parent/Guardian if under 18):** _____
- **Date:** _____

Tab 2

