

FamilyLife FITNESS

NAME: _____

e-mail: _____

Name and birth date of your baby/toddler participating with you ?

What are your fitness goals while participating with FamilyLife Fitness?

How often do you exercise per week?

Did you have a c-section? Y / N (Fitness with Baby)

Any medical conditions we should know about i.e Separated Abs (Diastasis Recti) ? If yes please explain.

Can we use you and or your baby's picture for marketing on social media? Yes / No

How did you hear about us?

Thank you!