

# FamilyLife

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## FITNESS



NAME: \_\_\_\_\_

e-mail: \_\_\_\_\_

- 1. How many weeks are you ? When is your due date?*
- 2. What are your fitness goals while participating with FamilyLife Fitness?*
- 3. How often do you exercise per week?*
- 4. Any medical conditions I should know about? If yes please explain.*
- 5. Can I use any pictures taken of you for marketing on social media?  
Yes / No*
- 6. How did you hear about FamilyLife Fitness?*

*Thank you!*