

Boxing Program Registration Forms

Name: _____ DOB: ____/____/____

Parent / Guardian: _____

Address: _____

Occupation: _____

Home Phone: _____ Cell Phone: _____

Primary Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about Joe's Boxing? _____

If by referral, please provide the name of the person who referred you: _____

Physical Condition

How would you rate your current fitness? Poor Average Excellent

Program Attendance Options (check one):

- Competitive Boxing (Men/Women)
- Youth / Teen Boxing
- Women Only Boxing
- Women Only Kickboxing
- Men's Boxing
- Cardio Kickboxing
- Other

Monthly Payment Options: (check one):

- Personal Check made out to *Achieve Fitness Solutions*
- I paid online

Office Use Only:

Amount Paid: _____

Form: _____

Balance: _____

Medical History Questionnaire

Section A

1. Have you had a physical exam within the last 12 months Yes No
2. Are you under the care of a physician for any reason? Yes No

If YES, please explain the condition:

3. Are you taking any prescribed medications on a regular basis? Yes No

If Yes, please list your medications and the condition:

Section B

1. Do you have or are you being treated for high blood pressure? Yes No
2. Do you often feel faint or have spells of dizziness? Yes No
3. Has your physician ever diagnosed you with heart or chest pains ever? Yes No
4. Do you have a cigarette smoking habit? How many per day? Yes No
5. Do you have a family history of heart disease? Yes No
6. Do you have a family history of diabetes Yes No
7. Do you currently suffer from a back condition Yes No
8. Do you suffer from knee pain? Yes No
9. Do you suffer from asthma? Yes No
10. Do you have any other illness or condition, not previously listed, which should be taken into consideration before you begin your exercise program? Yes No

Joe's Boxing strongly suggests that you consult with your physician before beginning any exercise program if you are overweight, have been inactive and unaccustomed to vigorous activity for a long period of time or have never participated in a boxing program or exercise program of any kind. In case of emergency, accident, injury or illness, I give my permission for myself or my child to be treated by professional medical personnel and admitted to a hospital if necessary. I agree to be responsible to all medical expenses, which are incurred on my or my child's behalf. The above information is accurate and, to my knowledge represents my present health.

All information obtained by Joe's Boxing dba Achieve Fitness Solutions LLC will be treated as privileged and confidential and will not be released or revealed to any person other than your physician or the program's Supervisor and trainers, without your expressed written consent.

Name: (Print Clearly) _____

Signature of Participant: _____ Date: _____

Fitness Goals Form

Your goals are very important to us! To better serve you, please fill out this questionnaire honestly and accurately. The purpose of this questionnaire is to help identify your specific fitness and nutrition needs that will help us pinpoint the best nutrition and fitness guidelines for you!

1. What would you like to accomplish with our boxing program?
2. Tell us a little more about your fitness and weight loss goals. How much weight do you want to lose? _____ . What size would you like to get down to? _____ .
3. Why is the reason behind your goals (what is motivating you)?
4. How committed are you to achieving your goal right now on a scale from 1 - 10
5. Have you participated in a boxing / kickboxing program before?
If you answered yes, please describe:
6. How many days per week are you currently engaged in physical activities / exercise?
7. What type of exercise program have you participated in within the last 6 months?
8. Tell us a little about your nutrition habits...How many meals do you consume per day?
9. How many calories do you consume per day?
10. What do you typically consume for breakfast?
11. What do you typically consume for lunch?
12. What do you typically consume for dinner?
13. Do you eat or drink between meals?
14. If yes, please describe
15. What are your biggest struggles and obstacles with your current diet?
16. How are your energy levels throughout the day?
17. How many times were you sick last year?
18. Are you taking any vitamins or supplements right now?

If so, which ones and why?

Name: (Print Clearly) _____

Signature of Participant: _____ Date: _____

Fitness Assessment Form

Name: _____

D.O.B.: ___ / ___ / ___

Height (in inches)	Date:	Date:	Date:	Date:	Date:	Date:
Body Weight						
Body Mass Index (BMI)						
Body Fat %						
Lean Body Mass (lbs)						
Fat Mass (lbs)						

Measurements

Shoulders						
Chest						
Waist						
Hips						
Right Thigh						
Right Calf						
Right Arm						
Left Thigh						
Left Calf						
Left Arm						

Performance Testing

Push ups (Max):						
Sit ups / Crunches (1 min.)						
Sit and Reach						

<p>Long Term Goal:</p> <p>Short Term Goal:</p> <p>Action Plan: _____</p>
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Boxing Training Agreement and Liability Waiver

- 1. Training Agreement:** Monthly boxing enrollment fee must be paid in full prior to the start of your program.
- 2. Length of Sessions and Appointment Times:** Each boxing training session is based on a 60-minute workout. Cardio kickboxing, women's boxing and women's kickboxing sessions are based on a 45 minute workout. Competitive boxing sessions are based on a 2 hour workout. To get the most out of your program, please arrive a few minutes early so that you can be ready to go with the class warm-up. Late arrivals can not only be disruptive, but can also be unsafe for you. Your trainers take the necessary steps to ensure that you are warmed up safely to optimize performance and help minimize the risk of injury.
- 3. Cancellation/Missed Sessions Policy:** There are no refunds for missed sessions. Boxing classes run continuously 4 weeks per month. In the event there is a 5th week in a month, you may make-up your misses session during this time frame.
- 4. Release of results upon program completion:** Fitness assessment Results and photos are requested at the start of your program, and upon program completion. All photos and video documentation during your training program become property of Joe's Boxing and may be used for promotional and educational purposes.
- 5. Use of Nutritional Supplements:** To guarantee safety, we request that all clients do not use any potentially dangerous "diet" or "fat burning" pills, stimulants, and "energy drinks" that may adversely affect your heart rate. To ensure optimal results, we offer natural, organic based Nutrilite® supplements which may purchased with our Auto-Ship delivery program. See your boxing coach for samples and for ordering information.
- 6. Money Back Guarantee:** We guarantee you will realize significant and tangible results from our services if you adhere to the fitness and nutrition program we outline for you, or you are entitled to a full refund of your initial program cost. In signing this document, you understand all guarantees are forfeited if you do not attend all scheduled sessions for your specified program period, miss any make-up sessions and fail to document your nutrition intake in your daily food journal for the specified program period.
- 7. Informed Consent and Waiver:** I understand and do hereby consent to participate in the boxing / kickboxing program provided by Joe's Boxing. I understand activities include heavy bag drills, resistance training (utilizing resistance tubing, dumbbells, medicine ball, kettlebells and free weights), cardiovascular activities and flexibility training. I have been informed and understand that physical exercise has been associated with certain risks. The risks include, but are not limited to occasional minor injuries (e.g., pulled muscles, muscle soreness, strains and sprains, bruises) to infrequent serious injury (e.g., heart attack, stroke, or other cardiovascular incident (e.g., death, paralysis). I acknowledge that regardless by the care taken by my trainers, that he or she cannot guarantee my personal safety and risk of injury caused by terrain, facilities, temperature, weather, my physical condition, equipment or actions of other people.

I hereby certify that I know of no medical condition, except those indicated on the Medical History Questionnaire, which would increase my chance of injury or illness as a result of participation in this boxing program. By signing this consent form I understand that I am personally responsible for my actions during my tenure while participating in this boxing program. I agree to release and discharge Achieve Fitness Solutions, dba Joe's Boxing, Old School Boxing Gym, Cobra Boxing and any of its employees, supervisors, participants, directors, agents, contractors, volunteers as well as fellow gym members from any and all liability for injuries or damages to me as a result of participation in this program while in training or competition at Old School Boxing or Joe's Boxing Studio. I also agree to indemnify and hold harmless, Achieve Fitness Solutions, dba Joe's Boxing, Old School Boxing, Cobra Boxing and any of its employees, supervisors, directors, contractors, and volunteers against any liability arising from my conduct as a gym member of Old School Boxing, and while involved in the boxing / kickboxing training program provided to me by Joe's Boxing, Cobra Boxing and / or Old School Boxing Gym. I hereby release Joe's Boxing, the Old School Boxing Gym and it's participants, officers, directors, agent, employees, contractors, volunteers, as well as fellow gym members from any and all liability for injury or damage to personal property while outside of the immediate Gym/facility premises. By signing this, I acknowledge that I have read and understand this agreement and agree to the above policies.

Name: (Print Clearly) _____

Signature of Participant: _____ Date: _____