

GOAL & FITNESS QUESTIONNAIRE

CLIENT NAME: _____ CHILD NAME(If under 19): _____ MI: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CELL PHONE: _____ HOME PHONE: _____
 OCCUPATION: _____
 DATE OF BIRTH: _____ CHILD DATE OF BIRTH: _____
 PRIMARY EMAIL: _____
 REFERRED BY: _____ GENDER: M F MARRIED: YES NO CHILDREN: YES NO

PARENT/LEGAL GUARDIAN/SPOUSE/EMERGENCY CONTACT INFORMATION

Primary Contact:	Relationship:	Occupation:	Phone Number:
Emergency Contact:	Relationship:	Occupation:	Phone Number:

DESIRED BENEFITS

Have you ever been to a gym? Yes No Is Premier Combat Center conveniently located for you? Yes No

How did you hear about us? Word of mouth Social Media Member Referral _____

What days and times do you prefer to work out? (Select 3-4)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:15am-6:45am	5:15am	5:15am-6:45am	5:15am	5:15am-6:45am	9:00am	
11:00am	10am -12:00pm	11:00am	10am -12:00pm	11:00am	10:00am	
12:00pm	12:00pm	12:00pm	12:00pm	12:00pm	11:00am	
5pm -6pm	5pm -6pm	5pm -6pm	5pm -6pm	5pm -6pm		
7:00pm	7:00pm	7:00pm	7:00pm	7:00pm		

How often do you currently work out? N/A Once/week 2-3 times/week 4+ / week

What does your current exercise program consist of? Cardio Weight Training Classes Yoga/Pilates Martial Arts

What are your personal fitness goals? Weight/fat Loss Improve Overall Health Variety Athletic Performance

Fitness Goals: _____

What were you doing when you were your most physically active? _____

On a scale of 1 to 10, how passionate are you about achieving your fitness goals? _____

What obstacles have you faced in achieving your fitness goals in the past? _____

Do you have the support of the people close to you? _____

Do you have any exercise restrictions / injuries our instructors should know about? _____

Do you have any questions for me? _____