

***Fran4Fitness***  
***Registration Packet***

# ***Fran4Fitness***

Please take time to read about program offerings. Feel free to ask, call, or email me with questions. See my website, [Fran4Fitness.com](http://Fran4Fitness.com) for contact information.

***Fran4Fitness offers individualized personal training, small group fitness training, and Nordic Walking classes.***

If you choose the ***Physical Therapy or Personal training sessions***, your program will begin with an assessment of your musculoskeletal problems and/or your fitness status. Based on your results and personal fitness goals, an individualized program will be designed for you. Together, we will work to achieve your desired results.

***Small group training packages*** offer a less expensive option, for people who would like to work out with friends, or in a small group (2-4) of people with similar fitness goals. Individualized fitness and performance goals will also be addressed.

***Nordic Walking Lessons*** are offered as individual or group sessions. Location will vary, depending on participant's needs, fitness level, and level of expertise. I carry a limited inventory of Exel poles that I offer for purchase by participants at a discount. You must sign up for at least in at least one lesson to purchase poles from me at the reduced price. You may also opt to bring your own poles, or rent poles at an additional \$5.00/use during your session.

## ***Prices and Descriptions of Program Offerings (effective 01/01/07)***

### ***Physical Therapy/Personal Training/Nordic Walking Individual Packages***

As a Physical Therapist with over 20 years in the fitness field, and a background in orthopedic and sports Physical Therapy, I can help you to overcome obstacles that have been hampering your performance or keeping you from reaching personal fitness goals. Your first session will a fitness assessment and/or assessment of the condition for which you are seeking Physical Therapy. I will discuss results with you and create a program that fits your individual needs, using cardiovascular, performance, strength training and flexibility work. Sessions might also include targeted soft tissue work and manual stretching. Each session runs one hour.

<i>Single Session</i>	<i>\$100</i>
<i>3 Sessions</i>	<i>\$200</i>
<i>5 Sessions</i>	<i>\$300</i>
<i>10 Sessions</i>	<i>\$550</i>

### ***Small Group Training and Nordic Walking Packages***

Group sessions will be offered per demand and availability of co-participants, and run one hour fifteen minutes. Prices are per participant.

<i>3 Sessions</i>	<i>\$120</i>
<i>5 Sessions</i>	<i>\$160</i>
<i>10 Sessions</i>	<i>\$280</i>

***Unused Physical Therapy, Training, or Nordic Walking sessions are valid for 6 months from date of purchase. Please fill out this packet and bring it to your first session. If you have any questions, you can contact me on my website, [Fran4Fitness.com](http://Fran4Fitness.com)***

## ***Rules and Regulations***

### **I. Personal training and group training cancellation/punctuality policy**

If a participant needs to cancel a given appointment, he or she is responsible for notifying the instructor/PT at least 24 hours in advance. Failure to give the proper notification will result in the forfeit of the session missed. Participants are expected to be on time for ALL appointments. The instructor/PT will wait 15 minutes later than the scheduled appointment time, after which time the session will be forfeited.

### **II. Payments and refunds**

Payment is due before the workshop, class or session. Nordic walking workshop fee can be credited toward a six-class session. Once a session is purchased, it cannot be refunded.

### **III. Physician referral**

A participant who is at risk for exercise must obtain a physician referral BEFORE beginning sessions. This is done for the safety of the participant. If you think you might be at risk for exercise, please bring a referral when you register. You will be notified if you need a physician referral after your registration papers have been turned in.

I agree to abide by the rules and regulations set forth by this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ***Fran4Fitness***

*Please note that all information provided will be kept confidential and stored in a secure location.*

### **Credit Card Billing Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Card Type (Visa/MasterCard) \_\_\_\_\_ Account number \_\_\_\_\_

Expiration Date (MMYY) \_\_\_\_\_ CVC2 (Security Code) \_\_\_\_\_

### **Personal Health Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

#### **Personal Medical History:**

Recent surgery: \_\_\_\_\_

Past operations: \_\_\_\_\_

Recent Hospitalizations \_\_\_\_\_



**Family Medical History (parents, grandparents, siblings):**

If you answer yes to any of the following questions, please indicate which relative and the age at the time of onset.

Heart Disease	___	Heart Attack	___	Bypass	___	Artery Disease	___	Cardiac Surgery	
Stroke								Yes	No
High Blood Pressure								Yes	No
Diabetes								Yes	No
Cancer								Yes	No

**Do you have any physical issues (current or recurrent problems) that limit your ability to exercise? Please describe below:**

**Informed Consent and Release:**

I certify that to the best of my knowledge and belief, I have informed the staff of Fran4Fitness of any physical or mental illness or weakness that would increase the risk to me of participation in exercise or testing. I hereby certify that I know of no other medical problems. I understand that it is my responsibility to report immediately if there are any sign or symptoms of discomfort and/or distress during or following activities with Fran4Fitness.

I have read the entire informed consent and release and accept the conditions stated herein as a requirement to participate in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

**AGREEMENT, WAIVER, HOLD HARMLESS AND COVENANT NOT TO SUE**

Name (printed): \_\_\_\_\_

**Notice: This Agreement is a contract with legal consequences. Read it carefully before signing.**

In consideration of my participation in Nordic Walking, Group training, Personal Fitness Training, or other activities with *Fran4Fitness* from **January 1, 2008 to January 1, 2009, inclusive**, I hereby freely agree to make the following contractual representations and agreements:

I fully realize the dangers of participating in this program, and voluntarily assume all the risks associated with such participation. I understand the risks include, by way of example, and not limitation, the following: Accidents may happen while traveling to activity locations including automobiles,, bicycles, and walking. Injuries could result in concussion, broken bones, contusions, torn muscles or tendons, strains, sprains, cuts, spinal injuries, psychological trauma, hospitalization, and or death. I recognize that exercise is not without some risk to the musculoskeletal system (e.g. sprain, strain, tear, break) and cardio respiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort breathing, abnormal blood pressure response, heart attack, stroke). I understand that it is my responsibility to report immediately if there are any signs or symptoms of discomfort or distress during or following exercise.

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named events. With these demands in mind, I have no physical or mental condition, which to my knowledge, would endanger myself or others if I participate in activities offered by *Fran4Fitness*, or would interfere with my ability to participate in such activities. I also agree to abide by any established rules or regulations while engaged in these activities, and with the directions and precautions given by leaders and/or instructors.

I understand that *Fran4Fitness* has no duty to provide any extraordinary duties or safety measures in relation to these activities and that I must use reason and judgment in my undertakings hereunder. I consent to *Fran4Fitness* seeking emergency health assistance if it is determined necessary in its discretion, and consent to *Fran4Fitness* contacting my emergency contacts for notification.

I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue Fran Finney, *Fran4Fitness*, and its officers, employees, agents, representatives and volunteers (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Releasees or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including without limitation attorney fees, costs, and expenses of any litigation, arbitration or other proceeding, that they may incur due to my participation in said activities, whether caused by the negligence of Releasees or otherwise.

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

**I have carefully read this form and fully understand its contents. All information I have provided is true. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity, and a contract between myself and *Fran4Fitness* and for the benefit of others described herein, I sign it of my own free will.**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the above named activity, and further agree, individually and on behalf of my child or ward, to the terms of the above.**

Parent's or guardian's signature if participant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_