First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Male / Female

**Fitness Goals:** (Circle all that apply)

Reduce Body Fat / Lose Inches Tighten/Tone Muscles Better Health

Increase Strength Increase Energy Reduce Stress

Do you have a history of any of the following: (If you answer Yes to any of the below we recommend consulting your physician before beginning an exercise program.)

Do you have a family history of heart disease? Y N

Do you smoke? ……………………………… Y N

Do you have any other medical issues or physical limitations that should be considered prior to your participation in an exercise program? (if yes, please explain) ………….Y N

Which Pathways interest you and why?

* Group Ex. Classes (Tribe)
* Cardio, Weight Training (Solo)
* Basketball, Racquetball, Volleyball (Sport)
* Massage, Yoga (Chill)
* Coach (Personal Training or Small Group Training)

How many days a week are you planning to come into the club to work out? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has been your exercise history?

How long have you been thinking about achieving your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has prevented you from reaching them in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals:**

**Motivation:**

Why are these things so important to you?

What are the positive ways this will impact your life?

**Your desire to change has to be greater than your desire to stay the same…so are you finally willing to say “TODAY IS THE DAY” that I am ready to make a change?**