Joint effort

Low Impact, Guided Exercise

“Life begins at the end of your comfort zone. So if you’re feeling uncomfortable right now, know that the change taking place in your life is a beginning, not an ending.”

-Neale Donald Walsch

Initial Application & Evaluation

Member Name: _____ Date: _____

Address: _____
Street City State Zip

Date of Birth: _____ Occupation: _____FT/PT/Retired

Home Telephone: _____Cell: _____ Work:_____

Marital Status: (Circle) Married Single Widowed Divorced

Emergency Contact: _____ Relationship: _____ Phone #:_____

Medical History:

Primary Care Physician: _____ Phone: _____

Specialist: _____Specialty: _____ Phone: _____

Specialist: _____Specialty: _____ Phone: _____

Allergies:	Hobbies/Favorite Music:	Current Medications:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other pertinent information:

_____
_____

MY GOAL/GOALS:

_____

Client Signature: _____ Date _____

Pertinent information:

	Circle One:		Comments:
High Blood Pressure	Y	N	
High Cholesterol	Y	N	
Diabetes	Y	N	
Previous or Current Smoker	Y	N	
Male over 40 years old	Y	N	
Female over 50 years old	Y	N	
Family History of Heart Disease	Y	N	
Cardiac Arrhythmias	Y	N	
Heart Disease	Y	N	
Coronary Artery Disease	Y	N	
Heart Murmur	Y	N	
Heart Surgery	Y	N	
Congestive Heart Failure	Y	N	
Angina/Chest Pain	Y	N	
Stroke	Y	N	
Claudication/PVD	Y	N	
Traumatic Brain Injury	Y	N	
Phlebitis	Y	N	
Anemia	Y	N	
Asthma	Y	N	
Shortness of Breath	Y	N	
Are you currently pregnant?	Y	N	
Allergies	Y	N	
Emphysema	Y	N	
Headache/Dizziness	Y	N	
Kidney Disease	Y	N	
Osteoporosis	Y	N	
Cancer	Y	N	
Hernia	Y	N	
Liver Disease	Y	N	
Psychological Disorders	Y	N	
Seizures	Y	N	
Neurological Disorder	Y	N	What:
Gout	Y	N	
Arthritis	Y	N	When:

Client Signature: _____ Date _____

Muscle or Joint Disease	Y	N	
Swollen Feet/Ankles	Y	N	
Current or History of Broken Bones	Y	N	
Hearing Problems	Y	N	
Vision Problems	Y	N	
Problems with Touch	Y	N	
Sciatica	Y	N	
Shoulder pain	Y	N	
Back Pain	Y	N	Why:
Neck Pain	Y	N	Why:
Knee Pain	Y	N	Why:
Other Orthopedic Problems	Y	N	Body Part:
Other Problems (please specify)	Y	N	What:
Past Complications with exercise	Y	N	What:

Have you ever had a stress test?

If so, Why? _____When? _____Where?_____

Do you currently exercise?

If so, how many times per week? _____
How long per session? _____
Briefly describe type. _____
_____
_____

Have you ever had surgery or any operations?

1. _____ Date _____Surgeon _____

2. _____Date _____Surgeon _____

3. _____Date _____Surgeon _____

Client Signature: _____ Date _____

Staff Member Signature: _____ Date _____

Policies

A minimum of 24 hours notice is required to cancel any one on one personal training session. Failure to provide this notice will cause the member to be charged for the missed session.

- The use of cellular telephones during any session (other than for emergencies) is strictly prohibited.
- Unless advised by a staff member, **DO NOT** perform any of these exercises on your own. Failure to abide by this rule can pose a serious health risk or death.
- In case of inclement weather, all messages regarding late openings or closings will be posted on our answering machine first thing in the morning. If our regular message is playing, we will be open normal hours.
- If a member misses three consecutively scheduled appointments without proper cancellation, your scheduled time slot will be lost and will need to be rescheduled without refund or the ability to terminate the membership.
- All members are given a personalized exercise prescription for YOUR particular goals, needs and restrictions. For your safety, please do not share these exercises with others or use any machines that you have not been trained on. Any time you wish to change or add to your workout, you may schedule a personal training session at the current rate.
- No children are to use any of the equipment without proper training and permission of a staff member.
- Sneakers should be worn on all equipment. Please bring a change of footwear during inclement weather, especially in the winter months.
- Personal items should be locked in the locker room or left in your vehicle. Please bring in your own lock and remove all items when you leave.
- Joint Effort LLC is not responsible for any lost or stolen belongings

Client Signature: _____ Date: _____

Membership Agreement

Consent Form

I, _____ understand that participating in a regular exercise program prescribed by Joint Effort, LLC if performed correctly, has the potential to improve both physical and mental health and function, but does involve some risk. I understand that the information provided in this application will be used to construct my individual exercise prescription and its accuracy is pertinent to my health during each session.

Although extensive research and studies have proven that of engaging in a regular exercise program can contribute to lowering blood glucose levels, blood pressure, weight, stress, pain and depression, complete assurance cannot be provided. Feelings of increased confidence and self-gratitude are often the result of participation in a regular exercise program and proper eating habits.

The specific exercise prescription I will receive is designed to place a gradually increasing workload, as tolerated, on my cardiovascular and musculoskeletal system using cardiovascular & weight machines, free weights, and resistance bands and has significant potential of improving their function. The reaction of my body to the specific prescriptions cannot be accurately predicted. I understand the risks associated with exercise include blood pressure abnormalities, lung congestion, irregular heartbeats, muscle pain and soreness, and in extremely rare instances a "Heart Attack" or cardiac arrest. I understand that the Joint Effort, LLC staff will take all measures to avoid such occurrences. I understand that providing the staff with current information about changes in my health, which includes any illness or symptoms I experience during exercise, at home or anywhere else, is essential for the staff to determine if any modifications to my exercise program are necessary. I understand that if I do not inform the Joint Effort, LLC staff, I may be putting myself at risk for injury or serious medical problems.

I understand that I am required to respect the rights of all participants and staff members involved with Joint Effort, LLC. I understand that staff has the right to address concerns about my health with my physician and may ask to temporarily discontinue my exercise program until my physician evaluates my condition and advises my return.

I acknowledge that no guarantees can be made to me as a result of my participation in the program. I hereby release Joint Effort, LLC, its affiliated entities, employees, trustees and their respective representatives and agents from all claims, liabilities and causes of action arising or associated with my participation in this program. I have read the foregoing or it has been read to me, and I understand its contents and significance.

Client Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____