



FITNESS REGISTRATION FORM

Date: _____ Personal Training Fitness Class(es)

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ SS#: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____

Health Insurance Company: _____

Primary Physician: _____

Practice: _____

Address: _____

Phone: _____ Fax: _____

I authorize the release of verbal and/or written information as needed between Advantage Nutrition & Wellness, LLC and the above named physician/medical group:

Signature: _____ Date: _____

OPEN FITNESS:

Regarding open fitness:

- ❖ Open fitness for registered clients is available at \$ 5.00 per session and is paid at the time of use.
- ❖ All open fitness sessions must be scheduled through our main office staff.

Signature: _____ Date: _____

Monthly Open Fitness Option:

- ❖ I agree that I must be in an active personal training package and/or have purchased a monthly class package in order to qualify for being a monthly open fitness client;
- ❖ A credit card number and signed release is required on file for monthly open fitness membership;
- ❖ The monthly open fitness fee is \$30.00 per month;
- ❖ I understand the monthly fee will be automatically charged to my credit card on my the first of each month

Signature: _____ Date: _____

ADVANTAGE NUTRITION & WELLNESS, LLC

Patient Communication and Release Form

As a client in our practice, we may need to communicate with you outside of the office setting. To preserve your privacy, we would like for you to indicate your preferred method for information communication. Examples of medical information include appointment reminders and nutrition plan information. Without specific permission we will not release any of your medical and/or nutrition information to another person. In some cases you may wish for another person to have access to your information. Please identify those individual(s) and their relationship to you (i.e. spouse, parent, etc...)

NAME(S)

RELATIONSHIP

In the event that no one is available to answer your phone, we need permission to leave certain types of information on your answering machine/voicemail. Please indicate your preference by checking one of the spaces below:

() Please do not leave any class pertinent information on my answering machine/voice mail when you call the number(s) listed below. In this event you will only be asked for a return call to receive further information.

() I give Advantage Nutrition & Wellness personnel permission to leave any type of pertinent information regarding my class participation on my answering machine/voice mail at the number(s) listed below:

PHONE NUMBER

Home: _____ **Work:** _____ **Cell:** _____

For fitness participation we require at least one contact provided in the case of an emergency.

EMERGENCY CONTACT:

Name: _____ Phone: _____

With my signature below I acknowledge that I assume responsibility to inform Advantage Nutrition & Wellness of changes in my phone number(s) and/or my preference for information release. I also acknowledge that I have received a copy of Advantage Nutrition & Wellness's privacy practices.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

YEARLY REGISTRATION REVIEW:

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____