

THERAPY / TRAINING

CLIENT INFORMATION

Date: _____

Client Name: _____ Date of Birth: _____

Sex: _____ Email Address: _____

Mobile Phone: _____ Home Phone: _____

Mailing Address: _____ Apt: _____

City/State/Zip: _____ Referred by: _____

GUARANTOR INFORMATION

Name: _____ Date of Birth: _____

Mailing Address: _____ Apt: _____

City/State/Zip: _____ Phone Number: _____

BILLING INFORMATION

(If there is an outside department, which takes care of your billing/invoices):

Contact Person: _____

Who are they to you? Assistant Manager Agent Account Manager _____

Telephone: _____ E-mail Address: _____

Mailing Address: _____ Apt: _____

City/State/Zip: _____ Phone Number: _____

- Send only my bills.
- Send only copies of my bills. I will pay in person or through my credit card on file.

MEDICAL AND EMERGENCY CONTACT INFORMATION

Medical Information

Medical Allergies/Special Health Considerations/ Recent Surgery:
Current Medications:

Emergency Contact Information

Contact #1:		Relationship:	
Cell #:	Home #:	Work #:	
Contact #2:		Relationship:	
Cell #:	Home #:	Work #:	

I give SportsLab NYC permission to use this form in the event of a medical emergency, solely to myself, and know that it will only be used for this purpose. All information that is provided I do so voluntarily and of my own will.

Signature: _____

Date: _____

Printed Name: _____

CANCELATION POLICY

At the time each appointment is made, the client is made aware of our twenty-four hour cancellation policy. The cancellation policy states: if the appointment is not canceled twenty-four hours prior, a cancellation fee equivalent to the session rate will be charged.

By signing below, you have indicated that you have read and understand the terms and conditions of the cancellation policy.

Responsible Party Name: _____ Date: _____

Responsible Party Signature: _____

Relationship to Client (If Under 18): _____

Informed Consent & Liability Release Form

General statement of program objectives and procedures:

I understand that this physical fitness program includes exercise to build the cardio-respiratory system (heart and lungs), musculoskeletal systems (muscle endurance and strength, and flexibility) and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activities and other activities), calisthenics exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lungs, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during the following exercise which may include abnormalities of blood pressure. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm up, gradual progression, and safety procedures are not followed. I understand that the personal trainer and facility (Sportslab) shall not be liable for any damages arising from personal injuries sustained by the client while enduring the personal training program. Client using the exercise equipment during the personal training program does so as his / her own risk. Client assumes full responsibility for any injury or damages that may occur during the training.

I hereby fully and forever release and discharge the personal trainer and Sportslab, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise. I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of potential benefits:

I understand that a program of regular exercise for the heart, lungs, muscles has many benefits associated with it. These may include a decrease in body fat, improvement in blood pressure, improvement in physiological function, increase in muscle, and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Name: _____

Signature _____ Date _____

Credit Card Billing Information:	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
Credit Card Number:	
Expiration Date:	
Credit Card Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Please select one of the following payment options:	
Automatic (Monthly)	Bill my Credit Card on file monthly
Automatic (Per Visit)	Bill my Credit Card on file for all daily charges such as juice bar items purchased and a la carte services
<ul style="list-style-type: none"> • The undersigned cardholder understands the terms and conditions of the Credit Card Authorizations Process. • The authorized user agrees that all information provided is accurate and complete. • Disputes to amounts invoiced should immediately be reported to Operations@sportslabnyc.com. • Changes in the status of this card should also be reported to Operations@sportslabnyc.com 	

Client authorizes Sportslab NYC to charge the above Credit Card on file.

Authorized Signature: _____

Date: _____