

Date: _____



General Fitness Pre-Screening Questionnaire

Name: _____

D.O.B: _____ Age: _____ Height: _____ Weight: _____ T-shirt Size: _____

Training Experience (how long, where, type of programs, etc.):

What are your SPECIFIC general health and fitness goals (lose weight, gain muscle mass, cardiovascular health, etc.)?

Availability (How many days/ week, time of day, etc.)

What type of training program are you interested in (Private 1 on 1, Small Group, Group, Design/ Consultation)?

Do you have any physical limitations or concerns that we should be aware of (major injuries, nagging injuries, previous surgeries, asthma, heart conditions, etc.)?

Does you have chest pain, dizziness, fainting, during or after physical exertion? _____

Personal Email Address: _____ Phone #: _____

Home Address: _____

Health Insurance Provider: _____ Policy #: _____

Liability Release Form

I, being 18 years of age or older, do for myself (and for or on behalf of my child participant, if said child is not of age or older) do hereby release, forever discharge and agree to hold harmless Next Level Strength & Conditioning, LLC, Nathan J. VanKouwenberg, or any other owners, subcontracted trainers, or employees of Next Level Strength & Conditioning, LLC, while participating in supervised, or independent fitness training at the Next Level Strength and Conditioning training facility at in Fairport, NY, or at any other location, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said participant is participating in the above described activities. I (and/or the child participant) am aware that Nathan J. VanKouwenberg and other Next Level trainers are not licensed physical therapists or trained medical personnel and am participating in this program voluntarily at my own risk and for recreational purposes only. I acknowledge that fitness training may be strenuous and that a physician's examination and approval should be obtained prior to beginning any fitness program. I accept all responsibility for my (and/or the child participant's) health and any resultant injury that may occur during any Next Level Strength and Conditioning training session and agree to hold harmless and indemnify Next Level Strength & Conditioning, LLC, including owners, and any other Next Level employee or sub-contracted trainer. I understand that Next Level Strength & Conditioning, LLC are not responsible for supervision outside of set training times. I (and/or the child participant) also give Next Level Strength and Conditioning permission to take and post pictures and videos of me (and/or the child participant) participating in fitness activities for marketing purposes only.

Print name of participant _____

Participant's Date of Birth _____ Age of Participant _____

Date of last physical: _____ Primary Care Physician: _____

Emergency Contact _____ Phone Number _____

Participant's Signature _____ Date _____

Signature of Parent or Legal Guardian (if participant is under 18 years of age):

_____ Date _____

FOR NEXT LEVEL STAFF:

Functional Strength Training Skill Assessment:

Free Squat: 4-3-2-1

Deadlift: 4-3-2-1

Standing Press: 4-3-2-1