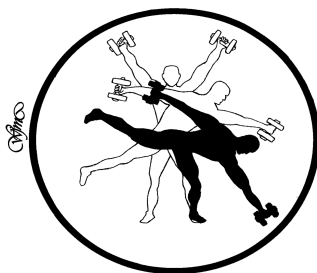


23 Jayar Road
Medway, MA 02053
www.apec-s.com



508-533-9005
Email : info@apecs.com

APECs
Athletic Performance Enhancement Centers

Have you ever worked out at APECS before?
If YES, you do not need to fill out this form.

Client Application

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (Town) (Zip)

Home Phone: _____ DOB: _____ Sex: _____

Email Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Session Package / Program: _____

I understand that any exercise program I undertake may create physical stress resulting in harmful effects. I agree that it is solely my responsibility to consult with a physician prior to commencing any exercise program (especially if I have any present or potential health problem or am a male age 40 or over, or a female 50 or over), to remain under medical supervision if that is indicated, to seek medical assistance in the event of any injury, and to inform the Athletic Performance Enhancement Center of any adverse change in my medical condition. I recognize that the use of the exercise equipment and other facilities provided by the Athletic Performance Enhancement Center carries some risk of accidental injury to myself and to other and I agree that I will use such facilities and equipment with due care.

I further agree that I will pay the Athletic Performance Enhancement Center fees in accordance with the program/package I choose.

Any initial joining fee is **non-refundable** for all applicable programs, ask a staff member for details.

Client Signature: _____ Date: _____
(Signature of parent or legal guardian for clients under the age of 18)

Print Name: _____

Staff Use Only: Personal Training (Package) _____
Session Package / Program Type: Team Training (Sport / Town) _____
Joining Date: _____ Group Training
Inquiry / Free Trial (Type) _____

Joining Fee: _____ Program Fee: _____

Spec. Disc: _____

Membership #: _____

- | | | |
|---|-----|----|
| 1. Have you ever had or has your doctor diagnosed you as having Heart trouble or Coronary disease? | Yes | No |
| 2. Do you have Diabetes or a chronic medical problem including Metabolic, Kidney, Liver or Endocrine? | Yes | No |
| 3. Are you a male over 45 or a woman over 55 years of age? | Yes | No |
| 4. Are you pregnant? | Yes | No |

PLEASE NOTE: If you have answered "Yes" to any of the above questions, you will need a written consent from your doctor before beginning an exercise program with one of our trainers.

- | | | |
|--|-----|----|
| 5. Do you have a history of high blood pressure? (greater than 140/90) | Yes | No |
| 6. Have you ever been told within the last year that your cholesterol level is above 200? | Yes | No |
| 7. Do you smoke? | Yes | No |
| 8. Has anyone in your immediate family had a heart attack or other heart related problems before age 50? | Yes | No |
| 9. Have you experienced unaccustomed shortness of breath? | Yes | No |
| 10. Have you experienced pain, discomfort, or tightness in you chest? | Yes | No |
| 11. Have you experienced pain, tension, or weakness in you limbs? | Yes | No |
| 12. Do you have a heart murmur? | Yes | No |
| 13. Have you had surgery in the past year? If so, when? _____ | Yes | No |

PLEASE NOTE: If you have answered "Yes" to two of the above questions, you will need a written consent from your doctor before beginning an exercise program with one of our trainers.

- | | | |
|--|-----|----|
| 14. Are you currently exercising regularly? | Yes | No |
| 15. Have you had a physical exam in the past year? | Yes | No |
| 16. Are you currently under a doctor's care for any illness? | Yes | No |
| 17. Do you have asthma? | Yes | No |
| 18. Is there any reason why you should not exercise? Please explain _____ | Yes | No |
| 19. Are you taking any medications? Please list _____ | Yes | No |
| 20. Have you ever had any lower back problems ? | Yes | No |
| 21. Have you had any sports or exercise related injury? Please explain _____ | Yes | No |

Is there anything not mentioned that you feel will affect your health or ability to start an exercise program?

If so, explain: _____

I have answered the preceding question to the best of my ability. I understand that all of the questions asked have had any of the concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and hereby agree to abide by the prudent recommendation from the staff. It is strongly recommended that everyone should receive medical clearance before beginning an exercise program. I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by APECS at my own risk and shall hold APECS, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

Client Signature: _____ **Date:** _____
 (Parent / Legal guardian if client is under 18)

Staff Member: _____ **Dr.'s note Rec'd?** Yes No