

Basic Information (Required)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
First Name: _____	M.I. _____	Last Name: _____
Home Phone: _____	Member Status: <input type="checkbox"/> New <input type="checkbox"/> Current	
Email Address: * _____		<small>* Providing an email address is optional. However, it is REQUIRED to receive your login username and password.</small>

Additional Information (Optional)

Address: _____	Address 2: _____
City: _____	State: _____
Work Phone: _____	Zip Code: _____
Contact Pref: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
Coach: _____	Membership #: _____
<small>The member's coach may be assigned or changed during the Evaluation.</small>	

Fitness Options (Required)

<input type="checkbox"/> ActivTrax Workouts, Cardio & Nutrition	<input type="checkbox"/> ActivTrax Cardio & Nutrition	<input type="checkbox"/> Group Exercise
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Branch Employee

Exercise History

Required for ActivTrax members only. Please select ONLY ONE option in each Exercise History category.

1. I have resistance training experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to next section)
If yes, I last resistance trained:	<input type="checkbox"/> Currently training <input type="checkbox"/> 6 months ago or more	<input type="checkbox"/> 0-3 months ago <input type="checkbox"/> 3-6 months ago
And, I consistently trained for:	<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> More than 6 months
And, I usually resistance trained:	<input type="checkbox"/> 1-2 days/wk	<input type="checkbox"/> 3-4 days/wk <input type="checkbox"/> 5+ days/wk
2. I am familiar with this facility's equipment:	<input type="checkbox"/> None at all <input type="checkbox"/> All	<input type="checkbox"/> Some <input type="checkbox"/> Most
3. Rate your Resistance Training Experience:	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

FITTR Preferences

Required for ActivTrax members only. Please select ONLY ONE option in each FITTR category.

(F) - Frequency (Days per week): <small>(Number of days per week doing strength training)</small>	<input type="checkbox"/> 2 Day <input type="checkbox"/> 5 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 4 Day
(I) - Intensity:	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High
(T) - Training Type: <small>(Determines which muscle groups are worked and how often)</small>	Standard Types: <input type="checkbox"/> Full Body <input type="checkbox"/> Lower Body Only <input type="checkbox"/> Splitbody <input type="checkbox"/> Upper Body Only	<input type="checkbox"/> Isolated Muscle <input type="checkbox"/> Opposing Muscle Groups <input type="checkbox"/> Super Slow	<input type="checkbox"/> Lower Body Emphasis <input type="checkbox"/> Push/Pull <input type="checkbox"/> Upper Body Emphasis
(T) - Time of Each Workout: <small>(Approximate, not including warmup, abs or cardio)</small>	<input type="checkbox"/> 15-25 Minutes <input type="checkbox"/> 45-60 Minutes	<input type="checkbox"/> 25-35 Minutes	<input type="checkbox"/> 35-45 Minutes
(R) - Result Desired:	<input type="checkbox"/> Endurance <input type="checkbox"/> Strengthening	<input type="checkbox"/> Improving Health <input type="checkbox"/> Weight Loss and Toning	<input type="checkbox"/> Mass Building

NOTE: Certain combinations of the above FITTR settings may not provide adequate rest between workouts and are therefore disallowed.

ActivTrax Workout Preferences

OPTIONAL --- Default values will be used where no selection is made.

Use barbells:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Use dumbbells:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Use plated equipment:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Use selectorized equipment:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Use spotter-recommended exercises:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Use suspension trainers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (default)
Use body weight exercises:	<input type="checkbox"/> Yes (default)	<input type="checkbox"/> No
Experience level override:	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Measurements

Date of Birth	Date of Birth			
	* Date of Birth is necessary to prescribe target heart rates automatically.			
Date		//		
Baseline Measurements	Heart Rates			
	* RHR is necessary for ActivTrax prescribed cardio. If a physician has recommended moderating your heartrate during exercise, complete the override fields. Otherwise, leave them blank.			
	Resting Heart Rate*	bpm	Target Heart Rate Overrides:	L M H
Weight	lbs			
Body Composition	% of Body Fat Record if known	% of Body Fat	%	

Strength Evaluation

Ensure all exercises are performed using proper form. Try to achieve Momentary Muscular Failure (MMF) at the suggested number of reps.

Region	Exercise Name	Equipment Name & Manufacturer	MMF Reps	Amount	New	Prev	Seat	Other
Chest	Seated Chest Press	(#4) Vertical Chest - Nautilus	1 - 15	Weight (lbs)		N/A		N/A
Back	Wide Grip Pulldown (front)	Pulldown - Precor	1 - 15	Weight (lbs)		N/A	N/A	
Legs	Seated Leg Press	(#3) Leg Press - Nautilus	1 - 15	Weight (lbs)		N/A		
Shoulders	Seated Shoulder Press	(#10) Overhead Press - Nautilus	1 - 15	Weight (lbs)		N/A		N/A
Back	Seated Back Extension	(#11) Lower Back - Nautilus	8 - 25	Weight (lbs)		N/A		
Abs	Crunch	Floor	# In 1 min.	# of Reps		N/A	N/A	N/A
Member's Coach:			Evaluated By (if different):					
Date:			* - Where different, weights may have been converted from previously used equipment or reps to failure.					

Member Acknowledgment

By signing below, I acknowledge the following: (1) I have been presented the Terms of Enrollment; (2) I understand and agree with the Terms of Enrollment; (3) I agree to notify the club in writing if I choose to cancel my membership in this program.

Member's Signature _____

Date _____