First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Male / Female

**Fitness Goals:** (Circle all that apply)

Reduce Body Fat / Lose Inches Tighten/Tone Muscles Better Health

Increase Strength Increase Energy Reduce Stress

Do you have a history of any of the following: (If you answer Yes to any of the below we recommend consulting your physician before beginning an exercise program.)

Do you have any other medical issues or physical limitations that should be considered prior to your participation in an exercise program? (if yes, please explain) ………….Y N

Which Pathways interest you and why?

* Group Ex. Classes (Tribe)
* Cardio, Weight Training (Solo)
* Massage, Yoga (Chill)
* Coach (Personal Training or Small Group Training)

How many days a week are you planning to come into the club to work out? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has been your exercise history?

How long have you been thinking about achieving your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has prevented you from reaching them in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals:**

**Motivation:**

Why are these things so important to you?

What are the positive ways this will impact your life?

**Your desire to change has to be greater than your desire to stay the same…so are you finally willing to say “TODAY IS THE DAY” that I am ready to make a change?**