

# Zen Fitness New Student Application

START DATE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ CLASS TIME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE (M/D/Y) \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE CARRIER \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_ NAME ON CARD \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

WHO REFERRED YOU TO Zen-10? \_\_\_\_\_

Several times throughout the year we experience class capacity and require a wait list. How soon do you want to start group classes?  
\_\_\_\_\_

Are there any friends or family that you plan on having join you in class? \_\_\_\_\_

When was the last time you were involved in an exercise program? \_\_\_\_\_

If within the last 12 months, why did you stop? \_\_\_\_\_

What benefits would you like to achieve at Zen 10? Select the 3 that are most important and rank 1 through 3.

- |   |  |
|---|--|
| <input type="checkbox"/> Reduce risk of heart disease | <input type="checkbox"/> strengthen heart              |
| <input type="checkbox"/> Improve metabolism           | <input type="checkbox"/> improve quality of sleep      |
| <input type="checkbox"/> Improve mental health        | <input type="checkbox"/> Weight loss (how much?) _____ |
| <input type="checkbox"/> Increase energy              | <input type="checkbox"/> Physical rehabilitation       |
| <input type="checkbox"/> Increase flexibility         | <input type="checkbox"/> Gain muscle                   |
| <input type="checkbox"/> Other _____                  |  |

What do you think has stopped you from reaching these goals? \_\_\_\_\_

Why is this goal important to you? \_\_\_\_\_

How long do you think it will take you to reach this goal? \_\_\_\_\_

Do you anticipate any challenges in reaching this goal? If so, what challenges? \_\_\_\_\_

Does our class schedule work for you? \_\_\_\_\_

Any pre-existing medical conditions? \_\_\_\_\_

Participant represents being physically fit to take the prescribed program. All use of facilities shall be undertaken at the sole risk of the participant. Zen 10/Action Karate shall not be liable to the participant for claims, demands, injuries, loss of property or acts of negligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:  FB  N  Ref.  J