

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.):

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

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

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

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

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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 Rochester Hockey Academy, LLC, Nathan J. VanKouwenberg, Rory Fitzpatrick, or any other subcontracted trainer, or employee of Rochester Hockey Academy, LLC, or Next Level Strength & Conditioning, while participating in supervised, or independent fitness training at the Next Level Strength and Conditioning training facility at Thomas Creek Ice Arena 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, Rory Fitzpatrick and other 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. I (and/or the child participant) also give Next Level Strength and Conditioning permission to take and post pictures 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:

Body Fat %: \_\_\_\_\_

### Functional Strength Training Skill Assessment:

Free Squat: 4-3-2-1

Push-up: 4-3-2-1/ Total in 1 Min: \_\_\_\_\_

Deadlift: 4-3-2-1

Hang Clean Pull: 4-3-2-1

### Fitness Testing:

7 Minute AMRAP: 120x20 Tempo Runs: \_\_\_\_\_

Skill/ Ability Level Placement: Beginner- Intermediate- Advanced