



NEW CLIENTS
CUSTOM DESIGN YOUR HEALTH & FITNESS PROGRAM

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ Please select the ways that we may contact you: Call Text E-mail All:

Email: _____

Profession(s): _____ Employer: _____ Age: _____ Gender: _____

Height: _____ Weight: _____ Body Fat % (if known): _____ Birthdate: ____/____/____

Emergency Contact - Name: _____ Phone Number: (____) _____

Could other members of your family improve their fitness? Yes No

Are your family & friends supportive of your fitness goals? Yes No

Do you have a gender preference for your Certified Encore Trainer, Pilates, Yoga or Boot Camp instructor? Male Female Either

What LVAC location(s) are most convenient to your home? _____ and work? _____

Time Management & Goals

For appointments, are you usually: early on-time late

What days & start times are you available to begin warming up for your fitness program? List all options.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What is your most important fitness goal at this time? _____

What do you foresee getting in your way?

Family Friends Work Budget School Self Discipline Self Sabotage Dining Out

Medical problem Addictions: Computer Video Games TV Pain Medication Smoking

Junk Food Other Are you training for a specific event or goal date (birthday, reunion, vacation, competition, etc.)? _____



EXERCISE & FITNESS INFORMATION

Please complete questions 1-8 if you are currently exercising regularly. Otherwise please proceed to question 4.

- 1) How many days each week do you exercise? _____
- 2) For how long have you been consistently physically active? _____
- 3) What activities are you presently involved in?

Activity	Days Per Week	Average Time	Easy, Moderate, Hard

- 4) Do you stretch regularly? Y N If yes, how often? _____
- 5) What are the top 3 athletic/exercise activities that you enjoy the most?
 1 _____ 2 _____ 3 _____
- 6) What motivated you to start an exercise program? _____
- 7) What do you enjoy the most about engaging in physical activity? _____
- 8) What could cause a decrease in your motivation to continue with an exercise program? _____

- 9) Please check beside the option that best describes how you would prefer to exercise?
 1 Gym Outside Home Work Combination
 2 Large Group Small Group Private Combination
 3 Morning Afternoon Evening
- 10) Realistically, how much time would you like to spend at each session? _____ min
- 11) How many days per week would you prefer to workout?
- 12) Does your employer offer access to a company gym for employees or guests?

METABOLISM/LIFESTYLE

What is your work schedule? part time full time self employed homemaker none traveling

Can you tolerate hard exercise? Yes No

How do you rate the activity level in your job? Sedentary Moderately Active Active Very Active

Of Children: _____ Marital Status: _____



WEIGHT LOSS GOALS & HISTORY

What is your goal weight? _____ Goal Body Fat %: _____

Weight Loss Maintain/Improve Eating & Exercise Habits Gain Weight

Which of the following statements best describes you?

1. I can eat practically anything I want and not gain weight.
2. I can lose or gain weight by adjusting my activity level and eating habits.
3. I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

How many diets have you tried in the past? ____ Please list _____

Did any work? What was the best for you? _____

Do you usually regain the weight you have lost? _____

How long have you kept the weight off? _____

1 month 2 months 3-6 months 6-12 months over a year

Do other members of your family have a weight problem? _____

When did you start to gain or lose weight? _____

Have you always had a weight control problem? _____

Do you feel "over-full" or uncomfortable after meals? _____

Do you monitor your cholesterol level? _____ Do you feel hungry after meals? _____



DIET & NUTRITION GOALS

Schedule your Custom Meal Plan appointment today and call (702) 845-4100 at the time of your appointment.

- | | |
|---|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Gluten Free |
| <input type="checkbox"/> Lean body builder | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Low Cholesterol, Low Fat | <input type="checkbox"/> Mature Woman |
| <input type="checkbox"/> Mass Builder | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Vegetarian Low Fat | <input type="checkbox"/> Stable Blood Sugar |
| <input type="checkbox"/> Wheat-Free Low Fat | <input type="checkbox"/> Heart Disease Prevention |
| <input type="checkbox"/> Performance Training | <input type="checkbox"/> Osteoporosis Prevention |
| <input type="checkbox"/> Heart Healthy | <input type="checkbox"/> Stroke Prevention |
| <input type="checkbox"/> Low Carb | <input type="checkbox"/> Cancer Prevention |
| <input type="checkbox"/> Low Carb Fast Food | <input type="checkbox"/> Low Glycemic |
| <input type="checkbox"/> Low Carb All-American | <input type="checkbox"/> Energy Booster |
| <input type="checkbox"/> Low Carb Mexican Fiesta | <input type="checkbox"/> Healthy Aging |
| <input type="checkbox"/> Low Carb Italian | <input type="checkbox"/> On The Go |
| <input type="checkbox"/> Organic Low Carb | <input type="checkbox"/> Teen Scene |
| <input type="checkbox"/> Organic Low Fat | <input type="checkbox"/> Encore/Resolution Plan
Meal Delivery Program |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Liver Detox Cleanse |
| <input type="checkbox"/> Fast Food | |

"Based on my professional experience and qualifications I find these menus provide a nutritious and well balanced diet for individuals concerned with weight control and overall health. An added benefit to these menus is that they are tailored to individual diet preferences. The caloric needs are customized for the amount and type of exercise athletes or every day people are performing and also takes into account body fat percent, lifestyle and activity in their profession."

Diane D. Spindler Ph.D., N.D.

"As the Registered Dietitian, I have completed a thorough nutritional assessment of these menu templates. I have evaluated all caloric levels, macronutrients and micronutrients available. As a registered dietitian I deem and approve these templates to be consistent with guidelines that result in safe and healthy weight loss without dangerous supplements."

Kimberly A. Tessmer, R.D., L.D.

Please volunteer any relevant fitness information you would like Encore to know. This is not for insurance purposes, and all written and verbal information provided is confidential.

Have you ever smoked? ____ If so, how much per day? ____ How many years have you smoked? ____ When did you quit? ____

- | | | |
|---|--|---|
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> breathlessness | <input type="checkbox"/> rigidity-muscle |
| <input type="checkbox"/> disk | <input type="checkbox"/> fainting frequently | <input type="checkbox"/> congenital defects |
| <input type="checkbox"/> hypoglycemia | <input type="checkbox"/> night blindness | <input type="checkbox"/> congestive heart failure |
| <input type="checkbox"/> anemia | <input type="checkbox"/> family history of diabetes | <input type="checkbox"/> hearing loss |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> obesity | <input type="checkbox"/> stroke |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> cancer | <input type="checkbox"/> cough up blood |
| <input type="checkbox"/> anorexia | <input type="checkbox"/> family history of heart disease | <input type="checkbox"/> heart pounds easily |
| <input type="checkbox"/> bulimia | <input type="checkbox"/> phlebitis | <input type="checkbox"/> swollen joints |
| <input type="checkbox"/> dry skin/hair/lips | <input type="checkbox"/> chest pain | <input type="checkbox"/> depression |
| <input type="checkbox"/> jaundice | <input type="checkbox"/> fatigue | <input type="checkbox"/> heart problems |
| <input type="checkbox"/> asthma | <input type="checkbox"/> rapid mood swings | <input type="checkbox"/> thyroid disorder |
| <input type="checkbox"/> emphysema | <input type="checkbox"/> cirrhosis, liver | <input type="checkbox"/> dermatitis |
| <input type="checkbox"/> kidney problems | <input type="checkbox"/> retain water | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> excessive thirst | <input type="checkbox"/> colitis | <input type="checkbox"/> ulcer |
| <input type="checkbox"/> laxative addiction | <input type="checkbox"/> goiter | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> blood pressure high low | <input type="checkbox"/> rheumatoid arthritis | <input type="checkbox"/> bruises easily |
| <input type="checkbox"/> require glasses/contacts | <input type="checkbox"/> concussion | <input type="checkbox"/> digestive disorders |
| <input type="checkbox"/> mononucleosis | <input type="checkbox"/> gout | <input type="checkbox"/> HIV/AIDS |
| | | <input type="checkbox"/> high cholesterol |

Check any of the following medications that you currently use, especially ones that affect heart rate or that may need doctor's adjustment when you lose weight or improve health.

- | | |
|--|--|
| <input type="checkbox"/> Antacids | <input type="checkbox"/> High BP medication |
| <input type="checkbox"/> Antibiotics / Anti-fungal | <input type="checkbox"/> Hormones |
| <input type="checkbox"/> Anti-depressants | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Anti-inflammatory | <input type="checkbox"/> Laxatives |
| <input type="checkbox"/> Asthma, inhaler | <input type="checkbox"/> Lithium |
| <input type="checkbox"/> Aspirin/Tylenol | <input type="checkbox"/> Nitroglycerin |
| <input type="checkbox"/> Beta blockers | <input type="checkbox"/> Contraceptives |
| <input type="checkbox"/> Blood Thinner | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Bronchitis, chronic | <input type="checkbox"/> Recreational drugs; |
| <input type="checkbox"/> Chemotherapy | specific: _____ |
| <input type="checkbox"/> Cortisone | <input type="checkbox"/> Relaxants |
| <input type="checkbox"/> Diabetic oral / insulin | <input type="checkbox"/> Sleeping Pills |
| <input type="checkbox"/> Diuretic | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Epilepsy medication | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Heart medication | <input type="checkbox"/> Ulcer Medication |
| <input type="checkbox"/> Heart-rhythm medication | <input type="checkbox"/> Viagra |

Please specify any PAIN medications that you currently use, and what for:

Identify any joint injuries or car accidents you have sustained, operations you have had, or any other conditions that are relevant to the fitness program:



HOT PERSONAL TRAINING
YOGA & BOOT CAMPS

FITNESS EVALUATION

Name	Height	Age	Goal Weight
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Date:		
Evaluation #	1	2

Resting Pulse Rate		
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Blood Pressure		
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Body Composition		
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Body Weight		
Body Fat %		
BMI		
Fat Mass		
Lean Mass		

Measurements		
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Arm		
Arm Flex		
Chest		
Waist		
Hips		
Glutes		
Thigh		
Calf		

Cardio Capacity		
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Mile		
Recovery Time* 119 bpm		

*Begin cool down at 2.5 miles/hour, 0% incline and note the total time it takes your heart rate to get at or below 119 beats per min.

Pushups		
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#/60 Seconds		
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Core Strength		
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Hover (Plank)		
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#/60 Seconds		
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Flexibility		
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Inches		
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Body Fat Test	Women	Men
Essential	10-12%	2-4%
Athletes	14-20%	6-13%
Fitness	21-24%	14-17%
Average	25-31%	18-25%
Obese	32% plus	25% plus

Healthy Weight Ranges (in lbs) For Most

	Min		Max	
4'9"	92	106	111	115
4'10"	95	110	115	119
4'11"	99	114	119	124
5'0"	102	118	123	128
5'1"	106	121	127	132
5'2"	109	125	131	136
5'3"	113	130	135	141
5'4"	116	134	140	145
5'5"	120	138	144	150
5'6"	124	142	148	155
5'7"	127	147	153	159
5'8"	131	151	158	164
5'9"	135	155	162	169
5'10"	139	160	167	174
5'11"	143	165	172	179
6'	147	169	177	184
6'1"	151	174	182	189
6'2"	155	179	187	194
6'3"	160	184	192	200
6'4"	165	189	197	206

Trainer Notes: Book before & after photo shoot and custom meal plan appointment. Burn 3,500 calories to lose 1 pound.

- Client has been exercising regularly (at least four times weekly) for up to two or three years without any problems.
- Client is recovering from major illness, heart disease, any hospital stay, etc., and is on regular medication, subtract another 10.
- Client has not exercised before has been inconsistent with exercise, or gets more than two colds or bouts of flu per year, or has allergies, subtract an additional 5.
- Client has been a competitive athlete who has been training for more than two years without any of the problems and has made progress in competition without injury, add 5.
- Doctor recommendation required if taking medication that affects heart rate or if client has pacemaker/defibrillator.

Custom Heart Rate _____ ≤ X ≤ _____
65% 80%

Personal Trainer Client Waiver & Release

I am in good physical condition and health and have no disability, impairment or ailment that will prevent me from, or be aggravated by, engaging in active or passive exercise. I understand that before beginning any exercise program, I should consult my physician.

I undertake all exercises offered by Encore Personal Training, MGM Grand Hotel, LLC, Spas and Gyms & Las Vegas Athletic Clubs and Nevada school districts and community parks are at my sole risk. Should I sustain any injury as a result of recommendations or practices imposed by my Trainer(s), I expressly agree to release and waive, for me, my heirs, any all rights for claims against Encore Personal Training, MGM Grand Hotel, LLC, Nevada school districts and community parks & Las Vegas Athletic Clubs, their respective parents, subsidiaries, affiliates, officers, agents, independent contractors and employees for any all losses suffered by me at any time in conjunction with my participation.

I understand that even if my Trainer is an employee of Encore Personal Training, MGM Grand Hotel, LLC, its parent, subsidiaries or affiliates, Nevada school districts and community parks & Las Vegas Athletic Clubs that while training me, he/she is operating an independent business and is not acting in the course of scope of employment. Encore Personal Training, MGM Grand Hotel, LLC, its parents, subsidiaries and affiliates, Nevada school districts and community parks & Las Vegas Athletic Clubs each does not warrant, nor in any manner guarantee the skill, qualifications or effectiveness of the Trainer. Encore Personal Training, MGM Grand Hotel, LLC, its parents, subsidiaries and affiliates, Nevada school districts and community parks & Las Vegas Athletic Clubs each is not party to the private dealings between the Trainer and Client and cannot be held responsible for any agreements between Trainer and Client. Client assumes the full and sole responsibility for any and all disputes arising between Trainer and the Client and agrees to hold Encore Personal Training, MGM Grand Hotel, LLC, its parents, subsidiaries and affiliates Nevada school districts and community parks & Las Vegas Athletic Clubs harmless in any disputes.

Client Print Name: _____ **Signature:** _____

Membership ID #: _____ **Date:** _____

Trainer/Manager Print Name: _____ **Signature:** _____

Employee ID #: _____ **Date:** _____

Facility Manager Print Name: _____ **Signature:** _____

Employee ID #: _____ **Date:** _____



MGM EMPLOYEE GENERAL RELEASE

Section 616A.265 of the State of Nevada Workman's Compensation Code excludes coverage for injuries and/or accidents arising out of, or due to, participation in company sponsored athletic or social events. Therefore, it is understood that MGM Grand Hotel, LCC cannot be held responsible for any injuries, damages, cost of medical care and treatment and/or reimbursement for lost time as a result of accidents or injuries incurred during any such company sponsored activities.

I have read the above and on behalf of myself and my heirs, successors, legal representatives and assigns, hereby waive, release, and hold harmless MGM Grand Hotel, LLC, its parents, subsidiary and affiliated companies and their respective officers, directors, agents and employees ("MGM Grand" from any and all claims of any sort for injury sustained to my person and/or property during my participation in athletic events, social events, games, contests, leagues, teams or other recreational activities, including the use of a personal trainer sponsored by MGM Grand due to negligence, intentional tort or any other cause of fault whatsoever.

I further agree to indemnify and hold harmless MGM Grand against all expenses, liabilities and claims of every kind and nature including but not limited to reasonable attorney's fees by or on behalf of any person or entity arising out of or relating to my participation in athletic events, social events, games, contests, leagues, teams or other recreational activities including the use of a personal trainer sponsored by MGM Grand.

Print Name _____

Signature _____

Date _____



**MARKETING RELEASE AND WAIVER (OPTIONAL)
PHOTO & VIDEO**

IF THE PARTY IS 18 years old or older, complete the following down to the Consent section; otherwise, the parental legal guardian must also sign.

I _____, do hereby give Encore Personal Training & Boot Camps, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait or photograph in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of Encore Personal Training & Boot Camps only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print, television, radio, billboards, CD/DVDs, books, brochures, magazines, or on any web sites that may be created in connection therewith. I am eighteen (18) years of age or older. I understand that the Encore Personal Training & Boot Camps cannot control the unauthorized use by persons other than Encore Personal Training & Boot Camps, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. Encore Personal Training & Boot Camps disclaims any responsibility for such unauthorized use of my published name or image.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Print Name: _____ Signature: _____

Date: _____



REFERRAL REWARD PROGRAM

YOUR NAME:

REFER A FRIEND

Please list the names and phone numbers of anyone you think would like to receive an invitation from us for a free workout complements of you! (e-mail optional)

For each person that you refer we will give you a \$50 credit towards personal training or boot camp services.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____