

Member Enrollment



Basic Information (Required)

Mr. Ms. Mrs. Miss

First Name:

M.I.

Last Name:

Home Phone:

Mobile Phone:

Email Address: *

* Providing an email address is optional. However, it is **REQUIRED** to receive your login username and password.

Additional Information (Optional)

Address:

Address 2:

City:

State:

Zip Code:

Work Phone:

Mobile Phone:

Contact Pref: Home Work Mobile Email

Coach:

Membership #:

The member's coach may be assigned or changed during the Evaluation.

Exercise History

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

1. I have resistance training experience:

Yes No (Go to next section)

If yes, I last resistance trained:

Currently training 0-3 months ago 3-6 months ago
 6 months ago or more

And, I consistently trained for:

Less than 6 months More than 6 months

And, I usually resistance trained:

1-2 days/wk 3-4 days/wk 5+ days/wk

2. I am familiar with this facility's equipment:

None at all Some Most
 All

3. Rate your Resistance Training Experience:

Novice Intermediate Advanced

FITTR Preferences

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

(F) - Frequency (Days per week):

(Number of days per week doing strength training)

2 Day 3 Day 4 Day
 5 Day

(I) - Intensity:

Low Normal High

(T) - Training Type:

(Determines which muscle groups are worked and how often)

Full Body Isolated Muscle Lower Body Emphasis
 Lower Body Only Opposing Muscle Groups Push/Pull
 Splitbody Super Slow Upper Body Emphasis
 Upper Body Only

(T) - Time of Each Workout:

(Approximate, not including warmup, abs or cardio)

15-25 Minutes 25-35 Minutes 35-45 Minutes
 45-60 Minutes

(R) - Result Desired:

Endurance Improving Health Mass Building
 Strengthening Weight Loss and Toning

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	
Area restrictions:	<input type="checkbox"/> Default	<input type="checkbox"/> No area restrictions	<input type="checkbox"/> Fitness Center
Experience level override:	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Fitness Options

Resistance Training, Nutrition & Cardio Cardio & Nutrition

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 _____

Take your at home strength test.

Bench Press (you can use a stability ball)	Dumbbell	1-15 Reps	Reps []	LBS []
1-Arm Row	Dumbbell	1-15 Reps	Reps []	LBS []
Dumbbell Squat (2 Dumbbells)	Dumbbell	1-15 Reps	Reps []	LBS []
Standing Lateral Raise	Dumbbell	1-15 Reps	Reps []	LBS []
Crunch Floor	# In 1 min.		Reps []	NA