

Chicago Fight House/Lou Storiato

MEDICAL HEALTH QUESTIONNAIRE

First Name: _____

Last Name: _____

Address: _____

Birth Date: _____ Sex: _____ Phone (H): _____ (C): _____

E-Mail Address: _____

How did you find us? _____

Physician's Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Do you now, or have you had in the past:

1. History of heart problems, chest pain or stroke Yes ___ No ___

2. Increased blood pressure Yes ___ No ___

3. Recent surgery (last 12 months) Yes ___ No ___

4. Pregnancy (now or within last 3 months) Yes ___ No ___

5. History of breathing or lung problems Yes ___ No ___

6. Muscle, joint or back disorder,
or any previous injury still affecting you Yes ___ No ___

7. Diabetes or thyroid condition Yes ___ No ___

8. Hernia, or any condition that may be aggravated by lifting weights Yes ___ No ___

9. Any chronic illness or condition Yes ___ No ___

10. Are you taking any medications or drugs? Yes ___ No ___

11. Do you suffer from dizziness or loss of consciousness? Yes ___ No ___

12. Cigarette smoking habit Yes ___ No ___

13. Increased cholesterol Yes ___ No ___

14. History of heart problems in the immediate family Yes ___ No ___

15. Allergies Yes ___ No ___

If you have answered yes to any of the above questions, please explain below:

Chicago Fight House/Lou Storiato

Training Agreement

Acknowledgement Release Waiver and Payment Policy

I acknowledge that the fitness training I am going to participate can be considered DANGEROUS activity and that by participating I am exposed to certain risks. I agree to Release and Indemnify **1 On 1 Fitness Training, Chicago Fight House, Lou Storiato** and all other Fitness Instructors. By initialing below I agree to each statement:

- ✓ I participate in the activity at my sole risk and responsibility
- ✓ I understand that boxing is a contact sport and that contact will be made between me and my trainer even when sparring does not occur and I accept the risks involved in this type of training
- ✓ I agree that I will notify my instructor of any new or existing injuries
- ✓ I agree that I will notify my instructor if I do not feel 100% healthy or if I do not believe I can complete an exercise without injuring myself or others
- ✓ I will notify my trainer if I feel faint, dizzy, out of breath, tightening in my chest, have difficulty breathing, or any pain associated or not associated with the training that day
- ✓ I understand that sparring is a voluntary activity and NOT a required part of any boxing training program. I can opt out of sparring at any time. I agree to wear full protective equipment such as mouthpiece, groin and/or chest protection, headgear, hand wraps and gloves when participating in sparring and will not participate in sparring if I do not have access to this protective equipment.

Do Not Proceed until you have read, understand and agree to the terms above by initialing next to each check mark above.

Graduated Training Fees and Refund Policy:

I understand and agree that the fee for 1 hour of 1 on 1 training is \$50.00.

I understand and agree that the fee for 2-7 sessions in a 30 day period is \$50 per session. 8 or more sessions purchased for a 30-day period is \$40/session.

I understand that it is not the policy of Lou Storiato or Chicago Fight House to roll over unused training sessions to a later date. I understand that there are no refunds for unused or missed sessions. In case of a credit card dispute, I agree to accept the hourly rate for the number of sessions claimed by Lou Storiato/Chicago Fight House as stated above.

No refunds are given for unused group class sessions. Make up sessions will be provided in the event of a class cancellation due to non-disaster, non-weather related incidences only.

Terms

By signing this contract I agree to pay the cost of the personal training program. Your program is measured by time and workouts. Any missed appointments (**without 25 hour notice**), therefore, are nonrefundable. Lou Storiato/Chicago Fight House agrees to provide you with a personal trainer for your scheduled time. Should your personal trainer be unavailable, your session will be rescheduled and/or a replacement will be made available. Personal Training sessions are nonrefundable. Any use of our facility is at your own risk and 1on1 Fitness Training; Chicago Fight House; Lou Storiato; or any other trainer is not liable for any injury or damages resulting from the use of the facility or its services.

If you are aware of any personal health problems, GO BACK NOW and list them above or on a separate sheet of paper. You may be asked to provide approval from your doctor. Your health information may be updated at any time by submitting documentation from you, your doctor or health care professional to Lou Storiato/Chicago Fight House.

These terms constitute the full agreement between you and Lou Storiato and no oral promises are made part of it.

Sessions purchased _____ Total amount due _____ Down payment _____
Balance Due _____ Start Date: _____
Program Expired On _____

Signed: _____

Print Name: _____

Initials: _____ (please initial checkboxes on page 2)

Date: _____

Additional Sessions or Extended Agreement

Sessions purchased _____ Total amount due _____ Down payment _____
Balance Due _____ Start Date: _____
Program Expired On _____

Sessions purchased _____ Total amount due _____ Down payment _____
Balance Due _____ Start Date: _____
Program Expired On _____