



New Client Information Form

We are thrilled to welcome you as a new client. Please complete and email back to us at runhabx@joefitnessworld.com.

Thank you,
Joel

Today's Date

Date of Birth

First Name

Last name

Contact Number

Email address

Occupation

Gender

Street Address / Apt #

City, State, Zip

Emergency Contact information

Contact name

Contact phone number

Relationship

Cancellation policy

We have a 24 hours cancellation policy. Clients must cancel or reschedule by text or phone at 917-860-1450. Otherwise the full amount of the service will be billed. The service will either be deducted from your package or charged on the card you have on file.

Payment Policy

All clients must prepay for their services. If you do not purchase a package, we ask that you have a credit card on file.

All payments are non refundable.

If you have registered and prepaid for a workshop, this does not apply.

Initial to acknowledge that you have read the payment and cancellation policy and understand that you must cancel 24 hours or more in advanced and services are nonrefundable.

Initial to acknowledge that you know you must have a card on file.

Health History

Please be as detailed as possible.

Are you under the care of a physician, chiropractor, or other health care professional for any reason? If yes, please list reason(s):

Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program? If yes, please explain.

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? If yes, please explain.

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it.

Please list any allergies.

Has your doctor ever said your blood pressure was too high? If yes, please explain.

Are you over age 65? Yes No

Are you unaccustomed to rigorous exercise? Yes No

Committing to the Work

I, hereby commit to the services offered by JoeFitnessWorld. I understand that my coaching training will be challenging. I understand that what comes easy will not last, and what lasts won't come easy. I understand that change comes from challenge, and what you go through, you grow through. I know that my past does not define me, however it prepares me. I know that I must turn my intentions into actions. I know that my struggles today will be my strength tomorrow. I realize that we don't always get what we want, but we always get what we choose. I realize that success comes when my dreams are bigger than my doubts.

I have read the Commitment to Work statement.

Say those words to yourself in order to bring hope and happiness into your life, both personally and professionally. Your obstacles become opportunities when your faith is greater than your fear.

I have read these words to myself.

By signing this form, I am agreeing to hire JoeFitnessWorld Inc and JoeFitnessWorld representatives for coaching and training. I am responsible for my own well being and waiving any claims against JoeFitnessWorld Inc.

Signature

Life Evaluation Questionnaire.

This section is for Life Coaching for the Fit Soul Clients.
For all other Clients, this section is optional.

Please rate your life in the following areas, where 0 is low and 10 is high.

What is your experience of your own: Well-Being – Physical Body.

What is your experience of your own: Well-Being – Emotional.

What is your experience of your own: Well-Being – Mental.

What is your experience of your own: Well-Being – Spiritual.

What is your experience of your own: Financial Freedom/Security.

What is your experience of your own: Family Relationships.

What is your experience of your own: Friendships.

What is your experience of your own: Romantic Relationship.

What is your experience of your own: Career Achievements.

What is your experience of your own: Environment – home.

What is your experience of your own: Environment – work.

What is your experience of your own: Overall Satisfaction.

What is your experience of your own: Service to others.

What is your experience of your own: Joy.

What is your experience of your own: Guilt.

What is your experience of your own: Success.

What is your experience of your own: Generating your life vs. reacting to the circumstances of life.

What is working about your life?

What would your life look like if it were your dream life?

What is stopping you from doing or achieving what you are committed to in life?

What is (are) your biggest challenge(s) in life?

What are the five critical success factors of your life (if these areas were handled, your life would be a success)?