Heather Owen B.S. - Biology, CPT, PN1, USAW-L1SP Nutrition Program Coordinator- Life Time Highland Park, St. Paul, MN Strength Training, Diet & Posing Coach <u>Get Fit. Go Figure!</u> GF2 Events: <u>Posing and Seminars</u> Join the <u>GF2 Fitness & Contest Prep Forum</u> IG: GetFitGoFigure

Name:

Life Time Member Number on membership card (if applicable):

E-mail address:

Do you have a gmail account? If so list that here if not above. I use google shared spread sheet for programming.

How did you find me? (Circle one)

- Online
- Friend/Family
- Life Time Fitness
- Bodybuilding show
- Follow my blog
- Other referral by: ______

1. Current stats:

- a. Gender:
- b. Age:
- c. Date of birth:
- d. Height :
- e. weight:
- f. approximate body fat percentage (if you know):

2. What are your fitness goals?

Get Fit. Go Figure! LLC

Client Intake Form

3. What is your daily calorie intake or macro's: Are you losing weight on these calories, maintaining for gaining?

4. Please list all supplements.

5. Please explain any dieting you have done in the past year. Include periods of on and off dieting and what types and any weight plateaus (no weight loss for 3+ weeks).

6. List or explain your athletic history & types of weight training you have done and for how many years?

7. How many times or hours per week do you strength train? What muscle groups on what days?

8. How many times or hours per week do you do cardio? What types of cardio do you do (steady state or HIIT)?

9. Any injuries that need to be taken into condiseration?

10. How many hours of sleep do you get on average?

11. How would you rate your sleep quality on a scale of 1-10 (10 being amazing!)

Please include a couple of current photos- front and back either, posed or relaxed, preferably women in tight shorts and a sports bra/competition suit/bikini and men in show trunks/ boxer briefs or shorts with the legs pulled up.

Notes on my coaching program: You will receive a macro breakdown per meal / day and times of days to eat them. You are responsible for filling in the foods you will eat. I will send you a meal plan example with foods and measurements to give you an idea of how to do this.

If you are looking at serious results for <u>competitions</u>: tracking food (for most programs) and body weight is important for me (especially from a distance) to be able to keep a close eye on you and how things are going so I can make changes accordingly. If you are not willing to do so, I can't effectively, from a distance keep your program in the correct balance to meet those goals.

Emails are answered within 24 hours Mon-Fri.

I look forward to working with you!! Email this to Heather@getfitgofigure.com or HOwen@LT.life

Signature Page

I will email your plan generally within 2-3 business days of receiving this signature page, funds and processing them. Sometimes I may have more questions or need more info.

Payments will be made by credit card. I run them through life time fitness (for members and non members). There are no refunds once the initial plan is received and payment has been made for the first 4 weeks. Any refunds for payment over 5 weeks are pro-rated.

When you are finished with the above form, please email it to me. This signature page can be scanned or a picture taken of it and sent electronically to <u>Heather@GetFitGoFigure.com</u>. I look forward to the opportunity of working with you.

I certify that the information provide above is true. I understand that by undertaking a program comprised of cardiovascular and resistance training there are certain inherent risks involved and hereby acknowledge that I am willing to undertake those risks in order to improve my current level of health and fitness. I understand that Get Fit. Go Figure! LLC and Life Time Fitness is not a doctor or registered dietician and I waive liability and responsibility of my nutrition and workout programming from Get Fit. Go Figure! LLC and Life Time Fitness.

Notice: The information contained in this message is intended only for use of the individual(s) named above and may contain confidential, proprietary or legally privileged information. No confidentiality or privilege is waived or lost by any mistransmission. If you are not the intended recipient of this message you are hereby notified that you must not use, disseminate, copy it in any form or take any action in reliance of it. If you have received this message in error please delete it and any copies of it and notify the sender. Information and products are custom tailored for individual use only and it not to be made available to third parties without the written consent of Get Fit. Go Figure! LLC. Get Fit. Go Figure! LLC and Life Time has the right to cease all consulting with no money being reimbursed either in whole or in part and all future consulting terminated if any information either in full or in part were to be passed on.

Also, you must keep me updated, I will inquire but won't chase down clients and the more you keep me informed through emails the better we can manage your on going program.

Disclaimer: Please recognize the fact that it is your responsibility to work directly with your physician before, during and after seeking fitness consultation. As such, any information provided is not to be followed without prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decision. Please see a physician prior to starting a program with Get Fit. Go Figure! LLC or Life Time Fitness.

By signing below, you are agreeing to the above as well as the charges agreed upon. Costs are listed at this link: https://docs.google.com/spreadsheets/d/1RYdhzVAjHEuTDe9oo6KE2mOMXHzGCbY4O03l83xSdBk/edit?usp=sh aring.

Services you are agreeing to pay for: (circle one)

- Off season / general fitness online diet coaching
- Contest Prep online diet coaching
- Online strength training programming only

Signature _____

Printed Name _____

Date _____