



Member Evaluation



Date:		Sponsor's Name (if referred):	
Participant's Name:		Age:	Birth Date:
Participant's Name:		Age:	Birth Date:
Parents (if under 18):			
Address:		Email:	
City:		Zip:	
Home Phone:			
Please list any physical or mental limitations that may affect your participation or safety in this physical exercise program:			
<i>In consideration for my attendance and participation in these fitness and exercise classes offered by _____ I, participant/parent acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow participants from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state, that myself or my child is physically fit to take the prescribed course of instruction and so of my own free will. I also understand it is advisable to consult a physician before entering any program of martial arts or physical fitness.</i>			
Signature: _____		Date: _____	

Please list from 1-4 the order of importance relative to what you want to accomplish while participating in CAGE FITNESS™ classes:

#___ LOSE WEIGHT

#___ INCREASE CARDIO

#___ TONE BODY

#___ MEET FRIENDS

Please list from 1-7 the major areas of "concern" that you would like to focus on:

#___ ARMS

#___ GLUTES(butt)

#___ LEGS

#___ SHOULDERS

#___ CHEST

#___ CORE (abs)

#___ FLEXIBILITY



MEMBER STATS

INITIAL EVALUATION

Starting Weight: _____

Fit Test Results: _____

Push-ups: _____

Sit-ups: _____

Squat Sprawls: _____

Plyo Jumps: _____

12 week goal: _____

Photo

MID POINT

Current Weight: _____

Fit Test Results: _____

Push-ups: _____

Sit-ups: _____

Squat Sprawls: _____

Plyo Jumps: _____

Goal(s) Notes: _____

Photo

END OF SESSION

Current Weight: _____

Fit Test Results: _____

Push-ups: _____

Sit-ups: _____

Squat Sprawls: _____

Plyo Jumps: _____

Goal(s) Notes: _____

Photo