RESIDENT ATHLETIC CLUB

Let's Get to Know You

A few quick questions before your first session.

Full Name

Phone Number

Email Address

Training Goals

Choose up to three.

- ☐ Strength and Muscle Tone
- ☐ Fitness and Endurance
- ☐ Mobility and Flexibility
- ☐ Balance and Stability
- ☐ Weight Management
- ☐ Consistency and Accountability
- ☐ Other

Current Activity Level

- ☐ New to Exercise
- ☐ Returning After a Break
- ☐ Regularly Active

Exercise Considerations

Any injuries, pain, health conditions, or exercise restrictions we should discuss?

☐ No ☐ Yes ☐ Unsure

Please Share a Brief Note

We will discuss any concerns before training.

Emergency Contact

Full Name

Relationship

Phone Number

Anything Else You Would Like Us to Know?

Optional

Give your completed intake directly to your coach. This form is not a waiver.

Complete separate exercise-readiness screening and your individual waiver before training.