



Allegro Coaching Transformation Participant Application

Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Email address: _____ Date of Birth: _____

Mobile Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Circle: Male Female - Any chance you are pregnant? Yes No

Any history of spinal injury or injury to a joint or muscle?

Does it still affect you? Please describe: _____

Any current injuries that will affect participation?

What are your current health/fitness goals? _____

What is your "why"? What are the main reasons for you to achieve your goals?

What was the main reason you decided to participate in the 2018 Allegro Transformation?

Have you had a physical exam in the past year? Y N

Any results from your physical raise concern with your physician? Y N

If yes, please share if it can/will affect participation:

Circle any symptoms of possible coronary or metabolic disease you have recently experienced:

Chest pain shortness of breath dizzy/fainting ankle swelling heart palpitations leg/feet
cramping heart murmur

Risk factors for CHD (Coronary Heart Disease), MI (heart attack), Stroke or hypertension (usu. caused by atherosclerosis)

1. Any history of MI, coronary bypass surgery or sudden death in a brother/father/son over 55 yrs. old? Yes No

2. Any history of MI, coronary bypass surgery or sudden death in a sister/mother/daughter over 65 yrs. old? Yes
No

3. Do you smoke? Yes No

How much? _____per day week month

Did you quit smoking less than 6 months ago? Yes No

4. Do you take: Antihypertensive medications? Yes No
Beta-blockers? Yes No

5. What is your total cholesterol? _____ Unknown

What is your LDL? _____

What is your HDL? _____

What are your Triglycerides? _____

6. Is your fasting glucose level 110 mg/dl or higher? Yes No Unknown

7. How many hours of sleep do you get per night (on average): Less than 5 5-6 6-7 7-8 8+

8. Do you get at least 30 minutes of moderate physical activity everyday? Yes No

9. Do you have: Osteoporosis? Yes No Osteoarthritis? Yes No

10. Do you suffer from back pain? Yes: Upper Mid Low No

How often? Daily Weekly Monthly Rarely

11. Are you often stressed? Yes No

12. How does your stress physically manifest? Headache Stomach Sleepless Irritable
Other _____

13. How many times do you get sick (common cold) per year? 1 2 3 4 More! _____

14. Do you have diabetes? Yes: Type I Type II No

15. Are you taking any medications? List:

Nutrition

1. Are you on/follow a specific type of diet? Yes _____ No

2. Do you eat low, moderate or high carbs? Low Mod High

3. Do you eat low, moderate or high protein? Low Mod High

4. Do you eat low, moderate or high fat? Low Mod High

5. Do you eat a variety of foods (whole grains, dairy, lean meats, fruit & vegetables with healthy fat/oils)?
Yes No

6. How many calories do you eat per day? _____ Kcal

7. How much water do you drink per day? _____

8. Do you drink coffee or other caffeinated drinks? Yes _____ per day No

9. Do you drink alcohol? Yes _____ per day /week /month No

10. Are you taking any supplements (herbs, vitamins, etc.)? List:

Exercise

1. What level of importance do you place on exercise? None Low Average High Essential

2. How often do you currently exercise?

3. What type(s) of exercise do you usually perform?

4. Do you have any physically engaging hobbies? List:

5. How many days per week do you want to commit to exercise? 1 2 3 4 5 6 7

6. How many minutes per day? 20 or less about 30 45 60 over an hour

What types of sports/exercise have you tried? _____

For how long? _____

Result? _____

Rate your fitness (1-Poor, 5-Average, 10-Excellent):

| | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|----|
| Cardio-Respiratory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Strength | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Endurance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Flexibility | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Power | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Body Composition | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Self-Image | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Other Comments:

Commitment:

By filling out this application and signing below, I commit to Allegro to:

- Commit to this program 100%
- Agree to allow Allegro Coaching to use before & after photos, weight, measurements and Fit3D testing results
- To allow Allegro to use pre, current and post biometric data
- (2) Instagram story take over days
- 1 Facebook live with their coach
- 1 Workout Wednesday with their coach (WZZM)

Client Signature

Date

Waiver

Because physical exercise can be strenuous and subject to risk of serious injury, Allegro Coaching urges you to obtain a physical examination from a doctor before participating in any exercise activity.

- Client declares that they wish to participate in the fitness services conducted by Allegro Coaching. Client understands that they may do so only upon the following conditions and agreements.
- Client represents and warrants to Allegro Coaching that they are physically capable of participating in the fitness services without injury and that they are not aware of any physical illness or condition that could increase the risk of injury during such participation.
- Client recognizes that fitness services require physical exertion that may be strenuous and may cause physical injury. Client is fully aware of the risks and hazards involved.
- In order to participate in the fitness services, Client waives and releases Allegro Coaching from any and all claims, costs, liabilities expenses or judgment, including but not limited to attorney's fees and court costs (collectively "Claims") arising out of Client's participation in Allegro Coaching fitness services.
- Client also agrees to indemnify and hold harmless Allegro Coaching from and against any and all such Claims.
- Client hereby voluntarily executes and delivers this Waiver and Release so that Client may participate in the fitness services.

Client Signature

Date

Photo, Video And Biometric Data Release

I understand that, from time to time, Allegro Studio LLC uses photographs and/or video of program participants to document participant progress and for promotional and other purposes. By signing below, I irrevocably agree and consent to the use of my image and likeness and biometric data in any and all print and electronic materials by Allegro Coaching LLC and their licensees, agents, successors and assigns (collectively, "Allegro"). By signing below, I further irrevocably: (a) authorize Allegro to edit, alter, copy, exhibit, publish, and distribute my image for any purpose; (b) waive the right to inspect or approve the finished product; (c) waive the right to claim any royalties or other compensation arising out of or relating in any way to the use of my image; and (d) fully and forever discharge and release Allegro from any claim or damages of any kind (including but not limited to invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of my image. I acknowledge and agree that the releases and waivers above extend to all media, formats and markets now known or available in the future, and continues indefinitely unless and until Allegro receives from me a written and signed notice of revocation.

I acknowledge and represent that I am over the age of 18, that I have read this entire document and understand its terms and conditions, that I have signed it knowingly, voluntarily, and in consideration of the services provided to me by Allegro, and that I agree to be bound by the terms and conditions stated above.

Client Signature

Date