



## THE NEXT GENERATION JOURNEY APPLICATION

(Applications accepted from June 1, 2008- August 15, 2008)  
Notification of application acceptance will occur prior to September 2.  
This application should be completed together by both parent and applicant.

### ASSESSING YOUR NEEDS

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping our staff develop a program that addresses your needs, goals and interests and is safe and effective.

Name_____	DOB _____	Age_____
Parent's Name(s)_____		
Address_____	City _____	State____ Zip_____
Phone (h)_____	(o)_____	(c)_____
Email Address_____		
Emergency Contact_____	Phone_____	
Physician's Name_____	Physician's Phone_____	
Physician's Address_____	City _____	State____ Zip_____
Body Styles by Mel, LLC Personal Training will send information regarding your physical exercise program to your physician upon client request.		

Why did you invest in applying for **The Next Generation Journey**?

*Please check all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Lose Body Fat                     | <input type="checkbox"/> Develop Muscle Tone                          |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> Start an Exercise Program                    |
| <input type="checkbox"/> Improve lifestyle                 | <input type="checkbox"/> Self Esteem                                  |
| <input type="checkbox"/> Weight Loss                       | <input type="checkbox"/> Dissatisfaction with current state of health |
| <input type="checkbox"/> Nutrition                         | <input type="checkbox"/> Motivation                                   |
| <input type="checkbox"/> Family History of chronic disease |   |

How did you hear about us? Please check all that apply.

Brochure  Word of Mouth  Local Event  Newspaper  Other \_\_\_\_\_

### LIFESTYLE RELATED QUESTIONS

How many hours do you regularly sleep at night? \_\_\_\_\_

On a scale of 1 (very low) to 10 (very high), how would you rate your stress level? \_\_\_\_\_

List your 3 biggest sources of stress:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Is anyone in your family overweight?      Mother   Father   Sibling   Grandparent



## FITNESS HISTORY

When were you in the best shape of your life? \_\_\_\_\_

Have you ever been involved in an exercise program?      Y      N \_\_\_\_\_

When did you first start thinking about getting in shape? \_\_\_\_\_

What, if anything, stopped you in the past? \_\_\_\_\_

On a scale of 1 (worst) to 10 (best), how would you rate your present fitness level? \_\_\_\_\_

## EXERCISE RELATED QUESTIONS

How often do you take part in physical exercise?      5-7x/week      3-4x/week      1-2x/week

If your participation is lower than you would like it to be, what are the reasons?

\_\_\_\_ Lack of Interest    \_\_\_\_ Injury/Illness    \_\_\_\_ Lack of Time    \_\_\_\_ Other \_\_\_\_\_

How long have you been consistently physically active for? \_\_\_\_\_

What activities are you presently involved in?

Cardio/Sports/Other	Frequency	Avg. Length	Easy/Mod/Hard
---------------------	-----------	-------------	---------------

---



---

## DEVELOPING YOUR PROGRAM

Please circle how you prefer to exercise:

Inside	Outside	Combination	
Large Groups	Small Groups	Alone	Combination
Morning	Afternoon	Evening	

Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week

Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent, etc.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## GOAL SETTING

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are "SMART."

**S**- Specific (Provide details, how long, how much etc.)

**M**- Measurable (How will you measure whether you've reached your goals)

**A**- Attainable (Be Realistic, set smaller goals)

**R**- Rewards-Based (Attach an award to each goal)

**T**- Time Frame (Set specific dates for goals)

Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a.

b.

c.

How will you feel once you've achieved these goals? Be specific. \_\_\_\_\_

---

Where do you rate health in your life?	Low Priority	Medium Priority	High Priority
How committed are you to achieving your fitness goals?	Very	Semi	Not very

What do you think the most important thing our instructors/trainers can do to help you achieve your fitness goals? \_\_\_\_\_

Outline what you feel are your obstacles that could get in the way of progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, school obligations, not following the program, allowing other responsibilities to become a priority over exercise, etc.)

---

List 3 methods that you plan to use to overcome these obstacles:

1.

2.

3.

## THE NEXT GENERATION JOURNEY ESSAY

Why are you applying for the Next Generation Journey and how would this experience change your life? Please answer this question in 300-500 words. The essay must be typed and include the applicant's name and phone number. The essay must be submitted with the application.

# PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, \_\_\_\_\_, give permission for my child to participate in the exercise and training program offered by Body Styles by Mel, LLC Personal Training and Fitness Education. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, the applicant has been examined by a physician and we have obtained his/her approval for participation in a fitness program prior to the start date set as September 2, 2008. No change has occurred in the applicant's physical condition since the date such approval was given which might affect his/her ability to participate in the fitness program. I agree that Body Styles by Mel, LLC shall not be liable or responsible for any injuries to the applicant resulting from his/her participation in the fitness program (whether at home, Body Styles by Mel, LLC outdoors, or at a corporate, commercial, residential or other fitness facility) and we expressly release and discharge Body Styles by Mel, LLC, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with the applicant's participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my training staff of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop activity and inform a personal trainer or fitness instructor.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand that Body Styles by Mel, LLC operates on a scheduled appointment basis and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with more than 24 hours notice given. A fee of \$50 will be charged for any session missed by the participant without 24 hour notice. Extenuating Circumstances will be reviewed for approval by the Journey Board members. I understand that Body Styles by Mel, LLC Personal Training and Fitness Education recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand that during a training session, my trainer may have to use Touch Training to correct alignment and/or focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand that the usage of nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand I am expected to attend 2 group training sessions per week and Group Fitness Classes scheduled each week. I will exercise on my own an additional 30 minutes per day, 6 times per week.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

**I have read and understand this term:** Parent's Initial \_\_\_\_\_ Applicant's Initial \_\_\_\_\_

I understand that if I default (participant choosing to end their participation due to lack of interest, dedication and commitment) in my participation in The Next Generation Journey, I will be financially responsible for all services rendered by Body Styles by Mel from the first day services are rendered to the day that I chose to end my participation. This includes all personal training sessions and group fitness classes. Default due to injury, medical or emergency reasons will require documentation.

Client \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_