

Individual Fitness Goals

Name: _____

How did you hear about Mommy Fit:

How would you rate your fitness level? Circle one

Beginner (Low)

Intermediate (Medium)

Advance (High)

Are you at your desired weight? Circle one Yes No

What are your fitness goals?

How many days are you planning on working out?

Circle the days you are likely to come: Mon Tues Wed Thurs Fri

Are you pregnant? Circle one Yes No

You must alert your instructor if at any time during your participation you get pregnant.

Do you have any injuries or health concerns that the instructor should know about? Circle one Yes No

If yes please explain:

SIGNATURE: _____ DATE: _____

