



SOMATICS TRAINING INQUIRY FORM

Please fill in ALL areas on both pages and please write legibly. This will enable us to assist you more effectively in finding a practitioner best suited for your personal needs and will provide your practitioner with the necessary information to understand your goals and intentions.

Full Name: _____ Nickname: _____

Date: ____ / ____ / ____ Member #: _____

Hotel Guest: _____ (requires 7 days of advanced reservations)

Cell #: (____) ____ - ____ Home # (if you prefer we use this): (____) ____ - ____

Email Address: _____

Is this inquiry for yourself or a family member? (please note that one form per person is required)

Date of Birth: ____ / ____ / ____ Are you under 16 years of age? yes no

**Youth age 14-15 must complete Safe Lifter Program. (Information & application available at Club Reception Desk or contact Director of Wellness) *\$440.00 for a minimum of 4-session program. All Safe Lifter graduates must carry ID card at all times when using the Club facilities.*

Preferred Days & Times for Training (please indicate approximate times below):

| | AM | PM |
|--------|-------|-------|
| Mon: | _____ | _____ |
| Tues: | _____ | _____ |
| Wed: | _____ | _____ |
| Thurs: | _____ | _____ |
| Fri: | _____ | _____ |
| Sat: | _____ | _____ |
| Sun: | _____ | _____ |

Do you have a preferred trainer in mind? Yes: (Name _____) No

Do you have a gender preference for trainer? No Preference Female Male

Are you interested in a single session or ongoing training?

If yes, how many times per week? (Pending trainer availability): _____

Preferred Modalities *(please check those that apply):*

- | | |
|--------------------------|----------------------|
| 1. Equipment Orientation | 4. Weight Loss |
| 2. Strength Training | 5. Injury Prevention |
| 3. Cardio Conditioning | 6. Other: _____ |

Specialized Programs *(please see brochure for more details and pricing information):*

- 7. Pilates
- 8. Sports Performance Coaching and Movement Analysis with Daniel Kamenetzky
- 9. Z-Health Neurological Training/PDTR Work with Dr. Paul Ciske
- 10. Restorative Body Work with Janet Welsh

GOALS

What are your goals and intentions? (Strength, endurance, muscle definition, weight loss, cardio fitness, flexibility, agility, balance, core strength) _____

What is the reason to get private training? (General health, sports specific, movement efficiency, to look and feel better, etc.) _____

Please list injuries or health concerns that your trainer should be aware of (if you are not comfortable sharing on this form, please speak with your trainer directly): _____

If you listed any injuries or health conditions, on a scale of 1-10 (10 being the most discomfort) please indicate how your condition is currently: _____ How have you addressed these concerns? _____

Is there anything else you would like your trainer to know or are there any other ways in which we can better serve you? _____

Thank you for submitting your training inquiry and making your health and well-being a priority. Appointments may take 3 to 5 business days to schedule from date inquiry is submitted and are dependent on trainer availability.



THE CLUB
AT THE CLAREMONT

HEALTH HISTORY INTAKE FORM

Height: _____ Weight: _____

Emergency Contact Person: Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical History

Heart problem

Cancer

Joint or muscle disorder

Diabetes

Seizures

Recent surgery

Asthma/lung/breathing

High/Low Blood pressure

Hernia

Allergies

Back problems

Physician's advice not to exercise

High cholesterol

Do you smoke

Daily stress/issues in life

How often do you drink alcohol: _____

Details _____

Other _____

Skeletal Injuries or chronic conditions

Back

Neck

Head

Shoulder (R/L)

Ribs (R/L)

Hip (R/L)

Knee (R/L)

Feet(R/L)

Other Injuries _____

Surgery _____

Details _____

Are there any exercises you should not do? Please include any notes/handouts from your physician

What is your current level of daily activity? Light Moderate Heavy



Details _____

Stress Level (5=high /1=low)

Physical Emotional/Personal Mental Career Home

Number of hours of sleep per night_____

What is your preferred day and time to exercise? _____

Any special requests or considerations not yet discussed? _____

Informed Consent and Waiver of Liability

I hereby acknowledge that the use of the Club Facilities and any privilege or service incident to Membership is undertaken with knowledge of risk and possible injury. I hereby accept any and all risk of injury to myself, my guests and my family sustained while using the Club Facilities or while involved in any event or activity incident to Membership in the Club. I agree to release and hold the Company doing business as the Club, any manager of the Club Facilities, their affiliates, their successors and assigns and their respective directors, officers, partners, members, shareholders, associates, representatives nad agents and members of The Ambassadors Council of the Club and any club committee harmless in accordance with the provisions of the Rules and Regulations of the Club.

Full Name Print: _____ Signature: _____

Date: _____

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