

NEW FITNESS CENTER MEMBER/CLIENT INFORMATION

Appointment Date: _____ Who referred you to SCAR? _____

Time: _____ Was this the first time you heard of SCAR? Y _____ N _____

Trainer: _____ If no, from where? _____

MEMBER/CLIENT PERSONAL INFORMATION

Name: _____ Home Phone: _____

Date of Birth: _____ Sex: M _____ F _____ Cell Phone: _____

Address: _____ Work Phone: _____

Street

Email: _____

City

State

Zip

Marital Status: _____ Spouse Name: _____

MEMBER/CLIENT PROFESSIONAL OR ACADEMIC INFORMATION

IN CASE OF EMERGENCY CONTACT

Employer/School: _____ Name: _____

Address: _____ Relationship: _____

Street

Home Phone: _____

City

State

Zip

Cell Phone: _____

ATHLETIC INFORMATION

Team Name: _____ Coach: _____

Sport: _____ Phone: _____

Position (s): _____ Email: _____

Team Name: _____ Coach: _____

Sport: _____ Phone: _____

Position (s): _____ Email: _____

Team Name: _____ Coach: _____

Sport: _____ Phone: _____

Position (s): _____ Email: _____

HEALTH HISTORY

Name: _____

Date: _____

PAST INJURIES

Date of Injury	Past Injury (Body Part, Type, Severity)

CURRENT INJURIES

Date of Injury	Current Injury (Body Part, Type, Severity)

PAST MEDICAL HISTORY

Have you ever had the following? Circle N or Y or leave blank if uncertain

Anemia	N	Y	Diabetes	N	Y	Infectious Mono	N	Y	Scarlet Fever	N	Y
Arthritis	N	Y	Diphtheria	N	Y	Kidney Disease	N	Y	Smallpox	N	Y
Asthma	N	Y	Epilepsy	N	Y	Lupus	N	Y	Stroke	N	Y
Back Trouble	N	Y	EKG/Echocardiogram	N	Y	Measles	N	Y	Thyroid Disease	N	Y
Bleeding Tendencies	N	Y	Glaucoma	N	Y	Migraine Headache	N	Y	Tuberculosis	N	Y
Blood Transfusions	N	Y	Heart Disease	N	Y	Mitral Valve Prolapse	N	Y	Last Chest X-ray		
High Blood Pressure	N	Y	Hepatitis	N	Y	Mumps	N	Y	Whooping Cough	N	Y
Low Blood Pressure	N	Y	Hernia	N	Y	Pneumonia	N	Y	Ulcer	N	Y
Cancer	N	Y	HIV or AIDS	N	Y	Polio	N	Y	Other:		
Chickenpox	N	Y	Hives or Eczema	N	Y	Rheumatic Fever	N	Y			

HOSPITALIZATIONS/SURGERIES/SERIOUS ILLNESSES

Date	Surgery Type or Illness

MEDICATIONS (Include Prescription and over-the-counter)

Please list medication & purpose: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the SCAR office of any changes in my medical status.

Signature (Parent/Guardian if under 18)

SCAR Fitness Staff Initial: _____

Date



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Use and disclosure of protected health information is regulated by the federal law known as The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make good faith effort to obtain a written acknowledgement that this notice was received.

Therefore, I _____ (Print Client/Member Name or Guardian) acknowledge that Sports Conditioning and Rehabilitation of CA, Inc, has provided a written copy of its Notice of Privacy Practices for Protected Health Information to myself/guardian.

Signature (Parent/Guardian if under 18)

Date

CONFIDENTIALITY

In the event that we need to contact you:

Which phone number would you prefer we call (please circle all that are acceptable)? Cell Home Work

May we leave a message on an answering machine or with someone at the acceptable numbers? Yes No

May we contact you by e-mail? Yes No

Please provide the following physician information should we need to contact them to discuss any current or past condition (please list all that apply):

Referring Physician Name: _____ Phone: _____

Primary Care Physician Name: _____ Phone: _____

Orthopedic Physician Name: _____ Phone: _____

Pediatrician Name: _____ Phone: _____

Rheumatologist Name: _____ Phone: _____

Cardiologist: _____ Phone: _____

OB GYN Name: _____ Phone: _____

Is there anyone besides your physician you give us permission to talk to regarding your fitness or physical therapy care?

Yes No

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Signature (Parent/Guardian if under 18)

Date

Print

AGREEMENT AND RELEASE OF LIABILITY

1. *In consideration of being allowed to participate in the activities and programs of Sports Conditioning and Rehabilitation of California, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Sports Conditioning and Rehabilitation of California, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for an injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Sports Conditioning and Rehabilitation of California, Inc. or the use of any equipment at Sports Conditioning and Rehabilitation of California, Inc.*

(Please initial _____)

2. *I understand and am aware strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.*

(Please initial _____)

3. *I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated.*

(Please initial _____)

4. *I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.*

(Please initial _____)

Signature (Parent/Guardian if under 18)

Date

Print

APPOINTMENT CANCELLATION AND NO SHOW POLICY

At SCAR we strive to provide our members and clients with the utmost professionalism and excellence of service. Our commitment to your fitness, well-being and goals is something everyone in our fitness center takes quite seriously.

Because we care so much about you, we realize it would be a disservice to you if we did not emphasize the importance of our commitment to the care and fitness training services you receive.

Your adherence to your initial commitment to fitness is a vital component to accomplishing your goals; therefore, we have certain standards that need to be followed in order to ensure optimum results.

We expect you to keep all your appointments, with the exception of serious emergencies. If you need to re-schedule an appointment, we request at least a 24 hours notice. Your appointment time is very important to us. If we do not receive 24 hours notice of your cancellation, it limits our ability to accommodate other clients and members who may need that time slot. SCAR aims to provide the best possible service to our clients and members. Adhering to our cancellation and no show policy is a courtesy to both our staff and other clients and members who are trying to arrange appointment times.

In an instance of cancellation without 24 hours notice you will be charged a session after the first offense. Late cancellations may be rescheduled within 24 hours based on availability. In an instance of a no-show, you will be charged a session after the first offense. Repeated cancellation and/or no shows demonstrate a lack of commitment to your health and fitness. We understand issues come up that are beyond your control, therefore, late cancellation due to illness or family emergency is excluded from this policy.

Signature (Parent/Guardian if under 18)

Date

INFORMED PHOTO AND VIDEO RELEASE

I, _____, hereby agree to the following:

Photo and Video release: In connection with my participation at Sports Conditioning and Rehabilitation, Bootcamps, Health & Fitness Classes, Programs, or Workshops, I consent to the use of my photograph and video or other likeness in the promotional and other materials of Sports Conditioning and Rehabilitation without payment or other consideration made to me.

I have read the above informed photo and video release and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.

Signature of Participant

Date

If participant is under 18:

As LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Signature of Participant

Date

Witness by: _____

SCAR FITNESS LOYALTY REWARDS PROGRAM

When you join the SCAR Fitness Loyalty Rewards program, you will be eligible to earn rewards points for every dollar spent on SCAR Fitness Programs.

Rules:

- 1. Fitness members must officially "Opt In" to the loyalty rewards program.*
- 2. After you have accumulated 100 Reward Points (\$5 dollars) in your account, you are eligible to use your points toward future purchases on any SCAR Fitness Service, including treatment services.*
- 3. Reward Points can NOT be used to purchase specials or for discounts services.*
- 4. Reward Points are not redeemable for cash.*
- 5. Points can NOT be redeemed if the account is not in good standing or is closed.*
- 6. If you voluntarily close the account or we close the account, all unused reward points are immediately and irrevocable forfeited.*
- 7. All redemptions are final. Reward Points can't be returned, refunded, exchanged or credited, unless otherwise specified.*
- 8. You can NOT transfer or sell Reward Points to another person.*
- 9. Reward Points are non-negotiable and never expire.*
- 10. We reserve the right, at our sole discretion, to terminate or modify the Rewards Program at any time without advance notice.*

*Signature*_____

*Date*_____