

Contract/Commitment form for Lifestyle Programs

*please fill out IN ADDITION to the above portion IF you are committing to Lifestyle training(meal/workout plans)

Agreement/Contract for Online Meal Plans/ and OR Workout Plans:

I, _____(full name) fully understand that I am fully committing myself to 3 months (minimum), of Backcountry Fitness Lifestyle programs. I am committed to working hard and following all Backcountry Fitness Programs to the best of my ability. If I have concerns or questions at any moment during my program and will address it with my trainer immediately to help keep me on track.

If I do not follow my meal plan for more then 2 days consecutively I understand that I will have to repeat that week of meal plans. If I am given a workout plan by my trainer, I am obligated to write down workout plan (journal) as I complete the workouts, so that my trainer can keep track of my progress and change the plan when necessary

_____(INITIALS)

My official start date will be _____(start date), I have paid \$_____ in full to cover the first month of program. I have agreed to pay for each month 2nd and 3rd month after/on same day (1 month after the start date)_____, either with Paypal or with a postdated cheque made out to Backcountry Fitness. 2nd month: _____
3rd month: _____

When I feel like I have reached my goals, and no longer need the services of Backcountry Fitness & Conditioning, I will give Christina Hooper a minimum 2 week written notice, and pay for the allotted time that I gave notice for. _____(INITIALS).

I, _____, (client name) will supply before photos and send photos, measurements and weight update biweekly to my trainer, before my start date in order for my trainer to assess my progress along the way. All photos will be kept in confidentiality. I will give Backcountry Fitness permission if and when I feel comfortable, to use my photos to help inspire others _____(INITIALS).

By signing this contract, I am making a commitment to myself and to Christina, to work together towards a new and improved me.

Signature: _____ Date: _____

Client Assessment Form

Please fill out the following assessment form as honestly as possible. The more I know about you and your life, the better I can help you.

Please take time to read and sign the Client-Trainer Contract on the last page.

Date: _____

A LITTLE INFO ABOUT YOU:

Name: _____ Sex: Male/ Female

Birthday: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Home #:()_____ Cell #:()_____ Work #:()_____

Occupation:_____

YOUR GOALS(SHORT-TERM/LONG-TERM):

1. What is your goal weight? _____

2. Have you been exercising regularly for the past 6 months? Yes No

3. During your last program did your progress slow dramatically after the first few weeks? Yes No

4. Do you smoke? Yes No

5. Do you drink occasionally? Yes No

6. Is there anything specifically about your body that you want to change?

7. How often do you eat out? _____ Times per week.

8. How often do you buy new clothes in an attempt to improve your self-image and/or confidence?

_____ Times per month.

Please list the habits you would like to change:

What events in your life are coming up that will motivate you to reach your goals?

After reaching your goals, how will your life be different?

12. Over the past 10 years how many times have you started and stopped a nutrition and exercise regiment?

1 – 5 6 – 10 11 – 15 16 – 20 Too many to count

13. What external factors have derailed your progress in the past?

Time Money No facility Procrastination Lack of support

14. In your own opinion, why did you fail to “stick with it”?

Discipline Knowledge Experience Accountability Lack of expertise

Please explain in your own opinion:

15. I would like to:

Lose weight Gain weight Feel better Look better Live healthier

16. On a scale of 1 – 10, how serious are you about achieving your goals?

1 2 3 4 5 6 7 8 9 10

Is there anything else your trainer should be aware of? Medical concerns? Allergies to foods?

BODY COMPOSITION:

Height: _____

Weight: _____

DAY TO DAY SCHEDULE (Please include any details about specific scheduling both a.m and p.m)

Wake up: _____

School hours: _____

Work hours: _____

Cardio: _____

Resistance Training: _____

Bedtime: _____

How many times per week can you commit to working out? _____

Will you be working out at home or in a gym? _____

DIET - please chart all your food intake for one or two typical days, including time of day, measurements of food and all fluid intake

Day #1 (Please include ALL foods,condiments and beverages-leave nothing out)

Meal 1:

Meal 2:

Meal 3:

Meal 4:

Meal 5:

Meal 6:

Meal 7:

Day #2 (include ALL foods, condiments and beverages)

Meal 1:

Meal 2:

Meal 3:

Meal 4:

Meal 5:

Meal 6:

Meal 7:

YOUR FOOD PREFERENCE (please choose and rank foods according to your likes and dislikes):

Red Meat	1	2	3	4	5	Yams	1	2	3	4	5
Chicken	1	2	3	4	5	Potatoes	1	2	3	4	5
Turkey	1	2	3	4	5	Brown Rice	1	2	3	4	5
Fish/Tuna	1	2	3	4	5	Quinoa	1	2	3	4	5
Salmon	1	2	3	4	5	Oatmeal	1	2	3	4	5
Egg Whites	1	2	3	4	5	Breads	1	2	3	4	5
Protein Powder	1	2	3	4	5	Nut Butter	1	2	3	4	5
Cottage Cheese	1	2	3	4	5	Almond Flour	1	2	3	4	5
Greek Yogurt	1	2	3	4	5	Raw Nuts	1	2	3	4	5
Milk (dairy)	1	2	3	4	5	Soy products	1	2	3	4	5
Egg Plant	1	2	3	4	5	Green Pepper	1	2	3	4	5
Salad	1	2	3	4	5	Spinach	1	2	3	4	5
Asparagus	1	2	3	4	5	Cucumbers	1	2	3	4	5
Celery	1	2	3	4	5	Broccoli	1	2	3	4	5
Hummus	1	2	3	4	5	Avocado	1	2	3	4	5
Mixed berries	1	2	3	4	5	Apples	1	2	3	4	5
Grapefruit	1	2	3	4	5	Banana	1	2	3	4	5
Chia Seeds	1	2	3	4	5	Squash	1	2	3	4	5

Thank you for taking the time to fill out the assessment. I look forward to working with you to accomplish your goals!