



732 Newman Springs Road, Suite 300
Lincroft, NJ 07738
732-747-1262
www.dborthopt.com

New Client Information Form

Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ DOB: ___/___/___

Email: _____

Types of Classes (please check next to the one that you want)

Gravity Group (25.00 per class) Quantity: _____

Package Price: 10 classes for \$220(\$22 a class) Quantity Discount \$198

20 classes for \$400(\$20 a class) Quantity Discount \$360

Gravity Personal Training (\$60 for a 1hr. session) Quantity: _____

Method of Payment

Cash: Amount: _____

Credit Card: Amount: _____ Number: _____

Exp. Date: ___/___/___ Cardholder Name: _____

Card Verification # _____

Check: Number: _____

Client: _____

Date: _____

Forms That Need to Be Signed

- Physical Activity Readiness Questionnaire (PAR-Q)
- Gravity Participation Agreement/Waiver of Liability
- Gravity Fitness Questionnaire

Cancellation Policy (Initial in each box after to you read both Policies)

It is required that if you are unable to attend your scheduled appointment, or if you must cancel your appointment for any reason, you must provide us with the courtesy of at least 4 hours notice so that we may reschedule your appointment time to someone else. Appointments can be cancelled online or by calling 732-747-1262 at least 4 hours before the start of the appointment. All appointment cancellations requested in less than the 4 hours prior to the scheduled appointment are subject to the \$25 late cancellation fee or one class will be deducted from your purchased package.

No-Show Policy

If for any reason, you are late or do not come at all for your scheduled appointment without prior cancellation, we reserve the right to refuse any future appointments. If you will not be able to make your appointment, please be sure to cancel or reschedule your appointment for a later time in advance. If you have to cancel or reschedule your appointment for any reason, you may do it online or by calling our office at 732-747-1262 at least 4 hours prior to the scheduled class time. All appointment no-shows are subject to the \$25 service fee which can be paid or deducted from a purchased package.

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?
Yes, _____ |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest?
Yes, _____ |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s),
such as arthritis that has been aggravated by exercise, or might be made
worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Is there a good physical reason, not mentioned here, why you should not
follow an activity program even if you wanted to?
Yes, _____ |
| _____ | _____ | 7. Are you over age 60 and not accustomed to vigorous exercise?
Yes, _____ |
| _____ | _____ | 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or
numbness?
Yes, _____ |
| _____ | _____ | 9. Are you currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 10. Do you currently have a disability or a communicable disease? If YES,
Please specify,
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in any of the Gravity Fitness programs,.

Print Name

Signature

Date

Gravity Participation Agreement/Waiver of Liability

“I, _____, have enrolled in the Gravity Group Fitness and/or Personal Training Program at the premises of db Orthopedic Physical Therapy, PC which oversees the program I have chosen to participate in. Participating in this program does not constitute physical therapy treatment and I understand that if physical therapy treatment is needed or requested during my participation in the Gravity Fitness programs, I will notify the administrator. I also understand and recognize that the program may involve strenuous physical activities which can lead to injuries. I also understand that such activities can be more dangerous to some than others and that it is my responsibility to consult with a physician about whether these activities and/or programs are suitable for me and my personal health. If I do not fully understand the nature of the physical activities involved I agree to advise the administrator so that it can be more fully explained. But I acknowledge knowing that it will include, but not be limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by db Orthopedic Physical Therapy, PC.”

“In consideration of my participation in this program, I, _____, hereby release db Orthopedic Physical Therapy, PC and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.” “ I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and

I, _____, hereby release db Orthopedic Physical Therapy, PC and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.”

In consideration of permission to participate in a Gravity Group Fitness, Gravity Blast or Gravity Personal Training Program today and on all future dates, I, on behalf of myself, my spouse, my heirs, personal representatives or assigns, do hereby release, waive and discharge db Orthopedic Physical therapy, PC (including its officers, employees and agencies) from liability from any and all claims resulting from the ordinary negligence of db Orthopedic Physical Therapy, PC.

This agreement applies to 1) personal injury (including death) from incidents or illnesses arising from participation at db Orthopedic Physical Therapy, PC (including, but not limited to, during use of the Gravity equipment and its attachments, treadmill, recumbent cycle, stationary cycle or any other fitness equipment used during the course of a fitness program; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature)

_____ (Parent or Guardian for participant 17 or under)

_____ (Date)