



COACHING PROGRAM AGREEMENT

Please check the program you are signing up for:

Nutrition Program: _____ Off Season: _____ Contest Prep: _____ Wellness: _____

_____ Months Other: _____

Client Information

First Name: _____ Last Name: _____

Address: _____

Contact Phone: _____

Email: _____

Age: _____ Weight: _____ Height: _____ Body Fat %: _____ Goal Weight: _____

Medical Conditions:

Current Medications:

Current Supplements / Vitamins:

Food Allergies and Food Dislikes:

Sleeping Pattern:

Stress Triggers:

Work Out / Weight Loss Goals:

Food Weaknesses:

Describe a typical day of eating:

Describe your workout schedule or regimen:

Additional Notes:

Policies

▣ Payment Policy

- ❖ Complete payment is due before a Nutrition Program is designed or prepared.

▣ Renewal Policy

- ❖ Please call for renewal pricing at least 1 week before this date.
 - ❖ Your Program expires on _____.

▣ Refund Policy

- ❖ Infinity Training and Wellness strives to provide the best possible service to their clients. If for any reason you are not satisfied with our services, we will be happy to discuss the issues with you and work out a resolution.

Cancellation policy is 24 hours in advance of scheduled training session.

I have read the above policy and agree to its terms as it applies to my personal program.

Signature: _____ Date: _____

Here to Encourage, Motivate and Inspire you to work hard to achieve your fitness goals!