

CLIENT INFORMATION

Name: _____ email: _____

Rank: _____ Phone / local: _____ Unit: _____

Component: ___Reg F ___ PRes Class A ___ PRes Class B

Weight: _____ Height: _____

Please list any injuries or concerns that may inhibit an exercise program:

Please list any activities you are currently participating in and how many times per week you do them. (Be specific; how long is your workout, your perceived intensity, etc).

Goals (be specific):
