

# P4p Boxing Fitness Questionnaire

Read the following questions carefully!

Name / Parents Name: (Print) \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

How did you hear about Pound 4 Pound Boxing?

Are you inquiring for yourself or a child? **Circle one: Myself or Child** \_\_\_\_\_ Age: \_\_\_\_\_

What benefits are you hoping to gain by training with us? **Circle Benefits:** Self-defense / Physical Fitness / Stress Relief / Fun / Concentration / Sport or Hobby / Competition / Improve grades / Discipline / Self-esteem / Social activity / Other

What are you doing right now for these benefits?

Would you like to refer a friend? **Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Have you heard of our **\$49.00 TRIAL**? Includes Leather Gloves & Hand-wraps **Check one: YES: \_\_\_ or NO: \_\_\_**

If you are happy with the program are you prepared to enroll today? **Check one: YES: \_\_\_ or NO: \_\_\_**

Is there a good physical or psychological reason not mentioned here why you should not begin, or why you should especially careful, during an exercise program? **Check one: YES: \_\_\_ or NO: \_\_\_**

Are you taking any medication? **Check one: YES: \_\_\_ or NO: \_\_\_**

Do you have a physician's release to participate in martial arts? **Check one: YES: \_\_\_ or NO: \_\_\_**

**NOTE: If you answered yes to the above question, CONSULT WITH YOUR DOCTOR BY PHONE OR IN PERSON, BEFORE INCREASING YOUR ACTIVITY LEVEL. Find out with medical evaluation from your doctor weather you are okay for unrestricted physical activity, gradually increasing activity or restricted activity for a period of time. Release/Photography/Media consent: I, as THE STUDENT or GUARDIAN OF STUDENT agree to release POUND 4 POUND BOXING LLC from all liability arising from the attendance of classes or other school functions including tournaments, camps, and promotions. I understand fully that these classes may involve physical contact and injury, or death may arise. I also Consent to Photograph and Record Participation. I am aware that POUND 4 POUND BOXING LLC may record workouts/ boot camps for later use on television segments, websites, promotional materials, or in any other way they see fit. By signing this document I hereby authorize POUND 4 POUND BOXING LLC to use my name and likeness, voice, verbal statements, and video-taped pictures for any of the aforementioned purposes. By signing, I release POUND 4 POUND BOXING LLC, its instructors, and its students from all legal liability.**

**Call in Emergency** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I have answered these questions accurately.

Signature of **STUDENT or PARENT/GUARDIAN:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Trial Paid: \_\_\_\_\_

1st Intro Date: \_\_\_\_\_

2nd Intro Date: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_

2 Week \_\_\_\_\_

4 Week \_\_\_\_\_

6 Week \_\_\_\_\_

1st Day email sent: \_\_\_\_\_ Parent Letter Sent \_\_\_\_\_