Beautifully Balanced Coaching with Sabrina

Client Registration & Health Information Form

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

FITNESS & GOALS

Primary interest (check all that apply):
☐ hEDS

Explain:_____
☐ Dancer
☐ Mobility / Flexibility
☐ Rehabilitation / Injury Prevention

Explain: _____
☐ General Fitness
☐ Other: _____

How did you hear about us?
☐ Referral
☐ Online
☐ Social Media
☐ Other: _____

HEALTH HISTORY

Do you have any current injuries, medical conditions, or limitations?
☐ No
☐ Yes (please explain):

Are you currently under the care of a physician?
☐ No
☐ Yes

Are you taking any medications that may affect exercise?
☐ No
☐ Yes (please list):

PHYSICAL ACTIVITY READINESS (PAR-Q)

(Check **YES** or **NO**)

Question	Yes	No
Has your doctor ever said you have a heart condition?	☐	☐
Do you have Postural Orthostatic Tachycardia Syndrome?	☐	☐
Do you lose balance due to dizziness or fainting?	☐	☐
Do you have bone or joint problems?	☐	☐
Has a doctor advised you to avoid exercise?	☐	☐

If you answered **YES** to any question, please explain:

CLIENT AGREEMENT & WAIVER

I acknowledge that I am voluntarily participating in movement activities with Sabrina Vaz. I understand that exercise involves inherent risks. I agree to assume full responsibility for any risks, injuries, or damages that may occur

I certify that the information provided is accurate and complete.

Client Signature: _____

Parent or Guardian Signature if under 18: _____
Date: _____