



FORM INSTRUCTIONS

My coaching service has evolved to a point where I am fortunate enough to be selective in choosing the team members I bring on board. This form acts both as a way for me to gather the necessary information to setup your initial program and also as a way for me to determine if you're a proper fit for my coaching style. Please **complete** this fillable PDF form, **save**, and **email** it to logan@fitoverfat.com. Additionally, please **attach** a recent front, side, and rear picture (shorts for males, sports bra for females). If you have competed before, please attach several pictures from your most recent contest. If you are not interested in competing, then please skip the contest information section. If you would rather fill this out by hand or have trouble with the fillable form, then feel free to print this and either scan or mail the completed application to me

BASIC INFORMATION

FULL NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

FULL MAILING ADDRESS: _____

AGE: _____ HEIGHT: _____

CURRENT WEIGHT: _____

CONTEST INFORMATION

WHAT CATEGORY ARE YOU INTERESTED IN:

BODYBUILDING BIKINI PHYSIQUE FIGURE

FIRST TIME COMPETITOR: YES NO (SKIP THE REST OF THIS PAGE IF NO)

AMATUER OR PRO: AMATUER PRO

DATE OF LAST CONTEST: _____

LOWEST WEIGHT LAST CONTEST PREP: _____

LOWEST DAILY CALORIES / MACROS LAST PREP: _____

HIGHEST WEEKLY AMOUNT OF CARDIO LAST PREP: _____

DO YOU HAVE A CONTEST(S) THAT YOU ARE INTERESTED IN? NAMES & DATES:

NEW CLIENT APPLICATION

NEW CLIENT APP | HEALTH & LIFESTYLE

HEALTH INFORMATION

PLEASE LIST ANY CURRENT OR PAST MEDICAL CONDITIONS:

PLEASE LIST ANY MEDICATIONS EITHER PRESCRIPTION OR NON-PRESCRIPTION THAT YOU ARE TAKING:

PLEASE LIST ANY PREVIOUS SURGERIES OR OTHER PREVIOUS MAJOR INJURIES:

LIFESTYLE INFORMATION

WHAT IS YOUR JOB TITLE: _____

DESCRIBE YOUR JOB ACTIVITY LEVEL:

SEDENTARY ACTIVE PHYSICALLY DEMANDING

DOES YOUR JOB REQUIRE TRAVEL:

YES NO

DESCRIBE YOUR CURRENT STRESS LEVEL:

NO STRESS SLIGHTLY STRESSED MODERATELY STRESSED VERY STRESSED

WHAT IS THE MAIN CONTRIBUTOR TO YOUR CURRENT STRESS LEVEL:

WHEN DO YOU NORMALLY TRAIN:

EARLY MORNING MORNING MIDDAY AFTERNOON EVENING RANDOM

ARE THERE ANY DAYS WHERE YOU ABSOLUTELY CANNOT TRAIN: _____

WHAT GYM DO YOU TRAIN AT: _____

DO YOU OWN A SMART PHONE:

YES IPHONE YES ANDROID YES OTHER NO

TRAINING HISTORY

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE LIFTING:

NONE LESS THAN ONE ONE TO TWO THREE TO FIVE SIX TO TEN TEN+

HOW MANY DAYS PER WEEK ARE YOU CURRENTLY TRAINING:

NONE ONE TWO THREE FOUR FIVE SIX SEVEN

NEW CLIENT APPLICATION

TRAINING HISTORY

DESCRIBE YOUR CURRENT TRAINING PROGRAM. INCLUDE AS MUCH INFORMATION AS POSSIBLE INCLUDING SCHEDULE, TOTAL SETS PER BODYPART, EXERCISES, REP RANGES, WEIGHTS USED, SETS TAKEN TO FAILURE/INTENSITY LEVELS, REST INTERVALS, OR ANY OTHER RELEVANT TRAINING DESCRIPTIONS:

DESCRIBE YOUR CURRENT CARDIOVASCULAR PROGRAM. WHAT KIND OF CARDIO ARE YOU DOING, HOW OFTEN, INTENSITY, AND HOW LONG HAVE YOU BEEN DOING THIS:

HOW CONFIDENT ARE YOU FOLLOWING A PRESCRIBED TRAINING PROGRAM WITHOUT IN PERSON 1 ON 1 TRAINING? IF I TOLD YOU TO DO A BARBELL DEADLIFT, SQUAT, BENCH PRESS, OVERHEAD PRESS, AND A ROW:

- | | |
|------------------------|--|
| VERY CONFIDENT | <input type="radio"/> (I FEEL VERY COMFORTABLE AND JUST WANT TO GET STRONGER) |
| MODERATELY CONFIDENT | <input type="radio"/> (I DO THESE MOVEMENTS REGULARLY BUT COULD ENHANCE MY FORM) |
| UNSURE | <input type="radio"/> (I DO THESE MOVEMENTS BUT I'M NOT VERY CONFIDENT ABOUT MY FORM) |
| MODERATELY UNCONFIDENT | <input type="radio"/> (I KNOW WHAT SOME OF THESE ARE BUT MY FORM NEEDS A LOT OF HELP) |
| VERY UNCONFIDENT | <input type="radio"/> (WHAT IS A ROW? I WOULD NEED SOMEONE TO ASSIST AND SUPERVISE ME) |

NEW CLIENT APPLICATION

NUTRITION HISTORY

DO YOU HAVE ANY FOOD ALLERGIES: _____

DESCRIBE YOUR PRIOR DIETS/APPROACHES TO NUTRITION. HOW DID THIS WORK FOR YOU. WHAT DID YOU LIKE OR DISLIKE ABOUT THIS APPROACH:

WHAT WOULD A NORMAL DAY OF EATING LOOK LIKE FOR YOU AT THIS POINT AND HOW LONG HAVE YOU BEEN EATING THIS WAY? YESTERDAY'S DIET IS A GOOD START HERE, OR IF YOU HAVE RECENT CALORIE OR MACRONUTRIENT DATA THAT IS EVEN BETTER:

HOW OFTEN ARE YOU EATING OUT? INCLUDE FAST FOOD. WHAT ABOUT ALCOHOL:

ARE YOU CURRENTLY TAKING ANY NUTRITIONAL SUPPLEMENTS? WHICH ONES AND HOW MUCH:

NEW CLIENT APPLICATION

NEW CLIENT APP | GOALS & SUPPORT

GOALS & SUPPORT

HOW DID YOU HEAR ABOUT ME OR WHAT MADE YOU DECIDE I WAS THE RIGHT PERSON TO HELP YOU:

HAVE YOU WORKED WITH ANOTHER PERSONAL TRAINER OR ONLINE COACH BEFORE? DESCRIBE THAT EXPERIENCE AND WHAT YOU LIKED OR DISLIKED:

WHAT ARE YOUR SHORT AND LONG TERM GOALS? WHAT DO YOU HOPE TO ACCOMPLISH WHILE WORKING WITH ME:

HOW SUPPORTIVE ARE YOUR FRIENDS, FAMILY, OR COLLEAGUES IN REGARDS TO THESE GOALS:

LASTLY, WHAT MOTIVATES YOU OR INSPIRES YOU TO REACH YOUR GOALS AND WHY SHOULD I WORK WITH YOU:

WAIVER & TERMS

BY SUBMITTING THIS APPLICATION, YOU AGREE TO THE FOLLOWING TERMS:

I (the client) hereby acknowledge that the following was explained to me and/or agree to the following.

Logan Sheehan is not presenting himself as a medical professional or dietician. Services offered are to be considered coaching and guidance for you (client) to utilize during your personal journey towards your health and fitness goals.

All information you obtain will be directly from what Logan has learned either through formal education or experience. It is always prudent for anyone starting a new fitness program or nutrition plan to consult a Medical Doctor before doing so as it would be wise to have blood work done and a physical. These are recommendations, not requirements. You (client) fully agree that all nutritional guidelines given to you are nothing more than examples of what a sample nutrition program may consist of and by no means is meant to be a prescription or diagnosis for any medical condition of any kind.

You (client) understand that you (client) may injure yourself as a result of participation in a fitness program, and hereby release FitOverFat INC & Logan Sheehan from any liability now or in the future for any injury, including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the fitness workout and or nutrition plan offered.

By submitting this form, you state that in consideration of your participation in Logan Sheehan's training and nutritional coaching program, that you for yourself, your personal representatives, administrators, heirs and assigns, hereby holds harmless, Logan Sheehan and FitOverFat, INC from any claims arising from your participation in the training and nutritional coaching program.