

TOTAL BODY TRANSFORMATION PROJECT

Brought to you by
Ridge Athletic Clubs & Complete Nutrition

Congratulations on taking the first step towards reaching your health and fitness goals! We are so excited to help transform five deserving peoples' lives. Please answer the following questions clearly and honestly, giving as much detail as possible. We are seeking 2 weight loss participants, 1 weight gain participant, 1 athlete, and 1 at risk participant. Participants will be selected by the staff of Ridge Athletic Clubs and Complete Nutrition and applications are **due by August 4th.**

1. My number one goal by participating is to (Circle one)
Lose Weight Gain Weight Increase Athletic Performance Reduce Disease Risk
2. Please tell us more about your above goal.
3. Have you been medically referred by your physician to start a diet or exercise program?
4. What are your top two reasons for wanting to achieve your goal?
5. Are you willing to adhere to a strict diet and supplement routine for 3 months? (Circle one)
Yes No It depends (Please elaborate)
6. Are you willing to follow all fitness regimens prescribed by your Ridge Personal Trainer and all diet/supplement information from the experts at Complete Nutrition?
Yes No It depends (Please elaborate)
7. Have you ever attempted a weight loss routine in the past? If so, for how long and what were your results?
8. Please tell us about the effectiveness of the above routine and why you think it worked or didn't work.



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Look better. Feel better. Perform better.

9. How many hours a week do you work?
10. On a scale of 1-10 (10 being the worst) what is your stress level?
11. Have you ever participated in organized sports? If so, which sport(s), and at what level did you compete (high school, collegiate, etc)?
12. What is your age and gender?
13. What is your current height and weight?
14. Do you have children? Ages?
15. Please describe your current activity level and what you do for fitness.
16. What do you do for recreation?
17. Do you have any known allergies? If yes, please list.
18. What are your favorite foods?
19. What foods do you dislike eating?
20. Please explain in detail why you should be considered for this program?
21. Why are you seeking the help of the Ridge Athletic Clubs and Complete Nutrition?

First and Last Name:

Email:

Cell:

Work:

Drop off at the Ridge, 4181 Fallon Ave. or email to christine@ridgeathletic.com by July 31st.



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