

FITNESS ASSESSMENT FORM

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Occupation: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Dr. Name: _____ Phone: _____

PHYSICAL ACTIVITY & MEDICAL HISTORY

YES NO YES NO

1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity? Heart Condition _____
Diabetes _____

2. Do you have chest pain brought on by physical activity? _____ Asthma _____

3. Do you tend to lose consciousness or fall over a result of dizziness? _____ Short of Breath _____

4. Has a doctor ever recommended medication for your blood pressure or a heart condition? Arthritis Bursitis _____
Rheumatism _____

5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Hernia _____
Recent Surgery _____

6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical service? Sacroiliac Problem _____
Angina _____
High Blood Pressure _____

7. Are you over the age of 65 and not accustomed to vigorous exercise? _____ Knee Problems _____
Back Problems _____

Liability No Limit Fitness, LLC Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, I am voluntarily participating in physical activity.

Having much knowledge, I hereby acknowledge this release, any representatives, agents and successors from a liability for accidental injury or illness which I may incur as a result of participating in the fitness program assume all risks connected therewith and consent my child _____ to participate in fitness program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect his/her ability to participate in fitness programs.

Parent/Guardian Signature: _____ Date: ____/____/____

Athlete Signature: _____ Date: ____/____/____

Dynasty Group Training Schedule

SESSIONS START ON THE HOUR

Monday-Thursday (4-8pm)

Saturday (9-11am)

Contact Damontez or Keyon for Private Training Hours

damontez@nolimitfitness.com

(913) 226-7384

keyonhardin0@gmail.com

(323) 251-2948

Plans & Pricing

\$20/Session 1hr Group Training

SILVER MEMBER - \$125 (Monthly Unlimited Training)

- Assessment (Functional Movement Screen) *upon request*
- Jumping Test (approach jump, block jump, vertical jump) *upon request*
- Flexibility Training (Proprioceptive Neuromuscular Facilitation Stretching Method)
- Sports Performance Training
- Strength, Speed & Agility Training
- Fitness Test *upon request*

GOLD MEMBER - \$300 (3 Months Unlimited Training)

- Assessment (Functional Movement Screen) *upon request*
- Jumping Test (approach jump, block jump, vertical jump) *upon request*
- Flexibility Training (Proprioceptive Neuromuscular Facilitation Stretching Method)
- Sports Performance Training

- Strength, Speed & Agility Training
- Agility T Test *upon request*
- 505 Agility test *upon request*
- Fitness Test *upon request*

PLATNIUM MEMBER - \$600 SEASON SPECIAL
(6 Months Unlimited Training)

- Assessment (Functional Movement Screen) *upon request*
- Test (approach jump, block jump, vertical jump) *upon request*
- Flexibility Training (Proprioceptive Neuromuscular Facilitation Stretching Method)
- Sports Performance Training
- Strength, Speed & Agility Training
- Agility T Test *upon request*
- 505 Agility test *upon request*
- Fitness Test *upon request*
- No Limit Fitness Shirt

***Private 1-on-1 Training* with Damontez Pendleton**

1 - \$60

4 - \$200 (\$50/session)

8 - \$360 (\$45/session)

12 - \$516 (\$43/session)

16 - \$660 (\$41/session)

***Private 1-on-1 Training with Keyon Hardin**

1-\$20

4-\$72 (\$18/session)

8-\$136 (\$17/session)

12-\$192 (\$16/session)

16-\$240 (15/session)



PHOTO/VIDEO MEDIA RELEASE FORM

I hereby give permission for images of my child _____, captured during (Training) through video, photo and digital camera, to be used solely for the purposes of (No Limit Fitness KC, LLC) promotional content and publications, and waive any rights of compensation or ownership.

Name of Participant (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____