

# Mak Attack Fitness Beach Camp

## Fitness Assessment

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Person/Contact Number \_\_\_\_\_

**HEALTH HISTORY:** Please expand on the back if you need more room.

Any joint injuries? \_\_\_\_\_

Back \_\_\_\_\_

Knees \_\_\_\_\_

Shoulders \_\_\_\_\_

Ankles \_\_\_\_\_

Any Surgeries? \_\_\_\_\_

Do you Smoke? How much? \_\_\_\_\_

High Blood Pressure? \_\_\_\_\_

Do you have any other conditions that may affect your training? \_\_\_\_\_

### **CURRENT TRAINING ROUTINE**

How often do you do cardio? What type? \_\_\_\_\_

How often do you weight training? \_\_\_\_\_

What other activities do you participate in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOALS**

What are your fitness goals in next **3 months**?

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**6 months**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**1 year**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

How do you plan to achieve them? \_\_\_\_\_  
\_\_\_\_\_

What are the 3 MOST IMPORTANT THINGS you would like to take away from the Mak Attack Fitness Beach Camp? \_\_\_\_\_

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY OTHER IMPORTANT INFO you would like to share with us before the camp? \_\_\_\_\_  
\_\_\_\_\_