



presents

Gymnastics Clinic for Adults

When: January 30, 2009
Time: 8 am – 12 noon (it is acceptable to come late or leave early)
Where: CrossFit Amelia Island “The Sandbox” (Behind Club 14 Fitness)
1114 South 14th Street, Amelia Island, FL 32034

Most attendees
will be beginners
no experience
necessary!

Material: Handstands, Cartwheels, Muscle-Ups, Pommel Horse, Parellelettes, HSPU’s
Cost: \$29 CFAI members - \$59 all others (Additional family members take \$10 off)
(Preregistration by Jan 20th includes t-shirt. All entries postmarked or **received after**
1/20/09 are \$10 extra and will not include t-shirt.) Register at: www.crossfitameliaisland.com or mail in this form.

Clinician: Coach Jonathan Taunton’s resume includes:
• USAG Professional Member since 2004
• USAG Safety Certified
• Men’s Coach - All American Gymnastics, Jacksonville, FL 2002-2006
 o Coached State Champion athlete for three consecutive years
• Men’s Coach - TNT Gymnastics & Fitness, Jacksonville, FL 2006
• Personally trained as a gymnastics athlete from 1996-present

Name: _____ Day Phone: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
DOB: _____ / _____ / _____ Male: _____ Female: _____ Weight: _____ Height: _____ Age: _____
Email: _____ How did you hear about us? Client _____ Staff _____ Ad _____ Other: _____

Please circle the appropriate response:

- Y N Are you over the age of 55?
- Y N Do you have Diabetes?
- Y N Is your cholesterol over 220? If not, are you taking medication to control it? Y N
- Y N Do you smoke? If no, have you ever used tobacco? Y N
- Y N Is your blood pressure over 140/90? If not, are you taking medication for it? Y N
- Y N Do you lead a sedentary (inactive) lifestyle?
- Y N Do you have a family history of coronary heart disease prior to the age of 55?
- Y N Has you doctor ever told you that you had a heart condition?
- Y N Do you ever experience chest pain?
- Y N Do you experience unusual fatigue or shortness of breath at rest or with usual activities?
- Y N Do you ever have fainting or dizzy spells?
- Y N Have you ever suffered from an uneven, irregular, racing, or skipped heartbeat?
- Y N Do you suffer from asthma, emphysema, or other pulmonary diseases?
- Y N Do you suffer from arthritis, rheumatism or gout?
- Y N Do you suffer from epilepsy or seizures?
- Y N Have you ever experienced any other joint, bone, or muscle problems (knee, shoulder, etc.)?
- Y N Do you have chronic low back pain?
- Y N Is there any other physical disability that could interfere with safe exercise participation?

Please list: _____

Please list all prescription and over-the-counter medications taken that we should be aware of: (please use the back of this paper, if necessary)

Medication: _____ Dosage: _____ Times/Day: _____

All of the above statements are true and correct to my knowledge. I do not hold CrossFit Amelia Island, LLC, The Amelia Athletic Club, Inc, d/b/a Club 14 Fitness, Douglas W Lane, or any employee or sub-contractor of any mentioned organization liable for any injuries. I understand that I am voluntarily participating in all types of physical activity at my own risk. I recognize that there are many risks of injury, including serious disabling injuries, that may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonable anticipating that other injuries and even death are a possibility, I hereby expressly assume all or the delineated risks or injury, all other possible risk of injury and even death, which could occur, by reason of my participation. I the undersigned, hereby expressly and affirmatively state that I have had an opportunity to ask questions and the questions have been answered to my complete satisfaction. I release and waive any and all claims, demands, losses, or damages, including those for personal injury and/or death, against any of the above mentioned agencies or individuals. If the student/client is a minor, parent or guardian agrees to all the above statements on behalf of the minor.

Client Signature: _____ Date: _____ Trainer Initials: _____