

4710 Eastman Ave
Midland MI 48640



P: (989) 341-1070
F: (989) 341-1072

www.abbrx.com info@abbrx.com

Nutrition/Fitness and Contest Prep Coaching Agreement

Name of Client: _____ Phone# _____

Current Address: _____ City: _____

State: _____ Zip: _____ Alt ph# _____ D.O.B. _____ Age: _____

Email: _____ Employer: _____

Emergency Contact: _____ Ph# _____ Sex: Male or Female

Height: _____ Current Weight (upon waking, nude, after bathroom): _____ Pictures Attached: Front, Side & Back

Inches- Thigh _____ Hip _____ Waist _____ Chest _____ Women(under chest) _____ Arm _____

Fees and Dues:

To establish coaching services, member agrees to pay total for the (package/plan/program) **due at signing.**

Client Start date: _____

Program Choice: _____

Dues for the service(s) selected are \$ _____ per (month) or (program). Payable on the dates: _____

Additional Programs/Items/Packages must be paid at time of purchase.

Monthly dues for the following month, along with authorized client charges will be collected electronically or cash/check monthly **per sign up date above**, unless previously paid by other means. All members will receive an invoice delivered via email and must be paid before the start of any services. All Client services and program will be delivered within 48 business hours of receiving payment.

- I understand that all agreements are a month to month base, except for most Contest Prep Programs, and will automatically renew on a month-to-month basis until cancelled by the client.
- I understand that I will be invoiced and billed with the monthly billing for any programs and services not paid at time of registration.
- ALL service and coaching fees are due prior to obtaining services and program. Client must maintain a \$0.00 balance at all times.

Acceptance and Agreement

I hereby agree to accept and abide by the terms of this Client Application and Agreement. I understand that this client agreement is for a term of _____ month(s)/week(s) and will continue thereafter on a month-to-month basis unless cancelled by me. _____ **Initials**

I UNDERSTAND THAT ALL PROGRAMS AND COACHING ARE PERSONALIZED FOR EACH CLIENT AND ARE PROPRIETARY TO ABBRx, CORP, ITS OWNER AND STAFF. IF ANY CLIENT IS CAUGHT SHARING,SELLING, OR USING ANY OR ALL OF ITS SERVICES OR PROGRAMS CLIENT WILL BE DROPPED AND NO REFUND WILL BE GIVEN ON SERVICES UNUSED.

I hereby agree to accept and abide by the terms of this Client Application and Agreement. I understand that my package/service is for a term of _____ **Weeks/Months** and will be expired if unused within time limit unless ABBRx is contacted prior to expiration. _____ **Initials**

Client

Date

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New Client Instructions

Once I receive this information complete and signed I will send a PayPal invoice for your selected Coaching Program/Services. Please also send me the following along with the completed form above.

1. How many days can you devote to training in the gym and for how long. Be honest as this is how I will set up your training program to follow. I don't want to over or under do it for you and want you to enjoy this process. _____
2. Please give me an example of your current training program and include all Weight Lifting, Classes, Cardio and HIIT.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

3. Please List all of the Supplements Currently Taking
4. Please List all Lifting and Eating restrictions, illnesses, and health concerns currently and within the last 2 years
5. Do you have a history of eating disorders? Anorexia Nervosa, Binge Eating Disorder, Bulimia Nervosa, Other
6. How Many Diets, Diet Programs, Coaching Programs have you had/done over your lifetime? Please describe in Depth.
7. Have you ever been categorized as obese? Yes or No Highest Weight and Age?
8. Current Daily Water Intake? _____oz Current Daily Pop Intake? _____oz Type _____
9. Current Daily Coffee Intake? _____oz Current Daily Energy Drink Intake? _____oz
10. Do you smoke or use narcotics?

11. Do you drink alcohol? Yes or No

- a. Beer-How Often/ Amount?
- b. Liquor- How Often/Amount?
- c. Wine- How Often/Amount?

12. Do you have support at home and around you to meet your current goals?

13. WHAT IS YOUR GOAL? Break It Down the Best You Can Starting From The Top

- a. 1-2 Year Goal
- b. 3-6 Month Goal
- c. 1-4 Week Goal

14. Please add yourself to my personal Facebook friends “Kristin Berard”, then request to join the ABBRx Past, Present and Future FB Group.

15. Please be sure to add me as friend on MyFitnessPal Kristin@abbrx.com and BE SURE TO ALLOW FRIENDS TO VIEW DIARY IN SETTINGS(very important)

16. SEND ALL 7 DAYS OF FOOD LOGS in PDF or HTML or JPEG form to Kristin@abbrx.com

ABBRx Staff Only:

Nutrition Notes---

Fitness/Programming Notes---

Recommended Program---

Length of Program---

Coaches Other Notes---