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**Client Intake Form**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Check One: \_\_\_ Youth Athlete (12 & under) \_\_\_ High School Athlete \_\_\_  
                  \_\_\_ Collegiate Athlete \_\_\_ Professional Athlete \_\_\_ Other

**For High School Athletes Only:**  
Anticipated Graduation Date: \_\_\_/\_\_\_/\_\_\_  
Registered with the NCAA Clearinghouse as an athlete: \_\_\_ Yes \_\_\_ No  
Sport of Choice: \_\_\_ Football \_\_\_ Basketball \_\_\_ Baseball \_\_\_ Track & Field  
                  \_\_\_ Tennis \_\_\_ Soccer \_\_\_ Volleyball \_\_\_ Wrestling \_\_\_ Other  
Colleges of Interest: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_  
Parent Telephone: ( ) \_\_\_\_\_  
Emergency Contact: (Name) \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Telephone Number: ( ) \_\_\_\_\_  
*\*Emergency contact will be notified, in the event of an emergency, or in order to obtain authorization for consent to medical treatment, when parent is unavailable.*  
Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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**Medical History**

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Do you have any medical problems that athletic and/or fitness training could aggravate:  
Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Check All That Apply:

• Heart Condition or Diseases:	Yes ___	No ___
• Diabetes:	Yes ___	No ___
• Convulsions Disorder:	Yes ___	No ___
• Asthma:	Yes ___	No ___
• Allergies to Medication:	Yes ___	No ___ If yes, what type of medication: _____

List any medications you are currently receiving: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_/\_\_\_/\_\_\_

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**Tell Us About Yourself**

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Please provide a brief background of your athletic experience, if any: \_\_\_\_\_

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Please provide a brief explanation of performance areas, and/or fitness goals you would like to improve on and/or achieve: \_\_\_\_\_

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Please provide a brief explanation of physical activity you enjoy (i.e., walking, running, biking, etc.): \_\_\_\_\_

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If weight loss is a goal of yours, how many pounds are you looking to lose? \_\_\_\_\_  
Is there a particular date in mind for you to accomplish said goal, and if so, when? \_\_\_/\_\_\_/\_\_\_

Date: \_\_\_\_\_ Athlete/Client Signature: \_\_\_\_\_



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**Legal Acknowledgment, Waiver & Release**

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I/We understand participation in Bonsu Elite Athletics' athletic and/or fitness training carries with it certain inherent risks of serious injury that cannot be eliminated regardless of the care taken to avoid injuries, including the contraction of virus' such as COVID-19. By signing this agreement, I/We understand to assume all risks that may arise form participation in this athletic and/or fitness training.

I/We agree to indemnify and hold Bonsu Elite Athletics, its owners, officers, employees, and agents harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my/our involvement in the athletic and/or fitness training and to reimburse Bonsu Elite Athletics for any such expenses incurred.

**Waiver:** In consideration of being permitted to participate in the athletic and/or fitness training, I/ We do hereby release, waive, discharge, and covenant not to sue Bonsu Elite Athletics, its owners, officers, employees, and agents from any and all claims against Bonsu Elite Athletics, whether arising from negligence, wrongful acts, or any other theory resulting in personal injury, accidents or illnesses, or related to participating in this athletic and/or fitness training.

I/We further expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/We agree that the above information is true and correct to the best of our knowledge, and understand said information will be relied upon by Bonsu Elite Athletics in conjunction with athletic and/or fitness training services.

Photo Release: I/We hereby grant permission to Bonsu Elite Athletics to use photographs and/or video of me while at BEA, in publications, news releases, online, and in other communications related to the mission of Bonsu Elite Athletics.

Parent Signature (If Athlete/Client is NOT 18 years of age or older):

x \_\_\_\_\_ Date: \_\_\_\_\_

Athlete/Client Signature:

x \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you!**  
**Bonsu Elite Athletics & Fitness**