

studioDEE



## Checklist and Questionnaire

- a. **GIRLS Institute** vary in length from 90 minute sessions that meet weekly to full day workshops. Each participant must bring a notebook/ journal, pen/pencil, water, an old towel or yoga mat, and sneakers to each session.
- b. Please dress comfortably so that you can move with ease.
- c. The Fitness circuit will be modified as necessary to suit each participant's level.
- d. Refrain from eating a large heavy meal before the session. A light meal or snack is appropriate 45min-1hour prior to class. Lunch is provided during the full day workshops.
- e. No personal cellphones will be used during our session unless the instructor wants to photograph the participant for a teaching point. (i.e. proper form or to show progress)
- g. Homework will be assigned for self-study and reflection during weekly sessions. Sharing during the session will be optional, but I suggest discussing the presented topics weekly with your child.
- h. A closed Facebook page has been created to send information to the parents of participants. If you do not have an account the information can be emailed. Should weather cancellations occur; it will be posted one hour prior to scheduled session on the FB page or emailed.

**Please answer the following questions so that I may design the appropriate circuit routine to suit each individual needs.**

1. Are you under a doctor's care for any injuries or ailments? Please include any medications you are on.
  
2. If yes, please explain.
  
3. Have you had any surgeries? If so, what type of surgery did you under go and when was it?
  
4. Has your medical doctor placed any restrictions on you that I need to be aware of?

5. Are there any other things I need to be aware of that may restrict or limit your physical movements, i.e. knee or shoulder injuries, etc.

6. How do you rate your current balance on a scale of 1 to 10 (1=Poor, 10=Great)?

7. How do you rate your current strength on a scale of 1 to 10(1=Weak, 10=Strong)?

8. How do you rate your current stress level on scale of 1 to 10(1=Low, 10=High)?

9. How do rate your current flexibility on a scale of 1to10(1=Poor, 10=Great)?

10. What do you hope to get out of your sessions? (i.e. Strength, Endurance, Flexibility, Specific Personal Goal, Time Efficient Workout, etc.)

11. What has kept you from reaching the above goal in the past?

12. Please provide the best phone number and email address for your parent or guardian.

Session location and start date. \_\_\_\_\_

T-Shirt Size (All Sizes in Adult T-shirts)\_\_\_\_\_

**\*Should there be a medical emergency the staff members will provide basic first aid and first responder CPR.**

I will close each session with a meditation or relaxation exercise to strength the resiliency of the nervous system and increase the participant's tolerance to stressors. If you have any questions or concerns regarding your session, please don't hesitate to contact me

**Email: [info@patriohealth4life.com](mailto:info@patriohealth4life.com)**

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