

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pageant System (if applicable)

**Checklist: (If Applicable)**

Pictures in swimwear or sporting outfit consistently the same conditions of light etc.

A detail outline listing what type of workout routine you are currently on. This would include your weights, cardiovascular workouts, and any type of classes or videos you do.

A detailed outline of your typical dietary habits including what you drink.

**Program Options:**

Option #1: This is a personalized program design which includes your toning, cardio and nutrition programs. You utilize this program monthly (4 weeks). Cost: \*\$200/month

Option #2: The same as the first option EXCEPT that you can e-mail Brian a weekly report of what you are eating and any questions you might have. This is more time and work for Brian which is reflective in the cost. This is an accountability added program. Cost: \*\$250/month

**Payments:** We accept all major credit cards. Programs are sent AFTER the payment processes.

*I understand that the Online Training Program is a service provided by Brian Attebery DBA Results Fitness and Nutrition Center, L.L.C. for the bettering of my physique and health. I understand that, as with any physical activity, there is an assumed physical risk. I agree that I am otherwise healthy and see no reason I cannot participate in physical activity such as the programs requested. I hereby release Brian Attebery and Results Fitness and Nutrition Center, L.L.C. from any claims or penalties that could arise from such participation. I have selected the above program and agree to pay the amount.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: (If under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options: (Check one)

Visa                      Mastercard                      American Express                      Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Prices for month purchase are subject to change. Email Pictures and other info requested.