



HEALTH + PERFORMANCE CENTER
THE ULTIMATE SUCCESS FORMULA

Competitive Edge Application Form

Name: _____ Birthdate: _____

Address: _____

Phone: _____ E-Mail: _____

Personal Measurements

Height: _____ Current Weight: _____ Body Fat % _____

Photographs

Take a photo from the front and back in a suit and heels. It doesn't have to be fancy, just a quick shot. VERY IMPORTANT - Have the person sit on the floor in front of you – judges view.

What are you preparing for:

Figure Fitness Bikini Fitness Model Photo Shoot

Show: _____ Date: _____

Show: _____ Date: _____

Photo Shoot: _____ Date: _____

Not Competing at this time

Competitive History - Have you competed before? If so, shows & placings:

Have you previously worked with another Trainer? If yes, for how long and who:

Please outline your current nutrition plan: (please attach)

Please outline your current workout and cardio plan:

CARDIO	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							
Duration							
Equipment							

WORKOUT	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							
Duration							
Body Part							

Please outline your current supplement plan?

Itemize your supplements by brand and dosage and time of day.

SUPPLEMENTS	Brand	Dosage	Time of Day	Brand	Dosage	Time of Day	

What is your pre and post supplement routine?

Tell Us About YOU (job, family life, lifestyle):

Short Term Goals:

1. _____

2. _____

Long Term Goals:

1. _____

2. _____

Do you have any health issues? If so, describe: Do you have any injuries that may affect your training? If so, describe:

Do you have any food allergies? If so, describe:

Are you a vegetarian or do you have any dietary restrictions?

Is there anything else that we need to know about YOU?

Thank you, please email your completed application to

carathien@yahoo.com

