

Loaded Movement

A C A D E M Y

Message from Adam and Kar

We believe in getting to know who we have the pleasure of working with. That means YOU! Please take a few minutes to tell us about yourself, your history, and your interests. Once we've had a chance to review your answers, Coach Kar or Coach Adam will book a call with you to see if you would be a good fit for the Loaded Movement Academy.

Personal Information:

Name:

Email:

Phone:

Age:

Birth Date:

Gender:

Instagram:

Mailing Address (We like celebrating Christmas and Birthdays the old fashioned way 😊):

Your Why:

We take strength seriously and we want to know we are partnering with committed individuals. You are seeking guidance for a reason. What is that reason? Why is now the time to get help and take action towards becoming a stronger version of yourself?

1. Why Are You Applying To LMA?

Occupation:

Tell us about what you do and how you feel about it.

1. What is your occupation?

2. With respect to *physical* activity, how would you classify your work? (e.g. very active, moderately active, sedentary... etc.)

3. How often is your job mentally stressful? (e.g. never, sometimes, often, too much to handle.)

4. Is your occupation in any way a roadblock for you? (e.g. often traveling, camp job, shift work, physically demanding... etc.)

Physical Activity:

This is where we get to know how you feel about your current fitness level and the history of your physical fitness.

1. How would you describe your fitness level?

2. How often do you take part in physical activity? (minimum 30 minute sessions)

3. In what activities do you participate? (e.g. weight training, cycling, running... etc.)

4. In the past, what activities have you participated in? (e.g. gymnastics, dance, team sports... etc)

5. Let us know if there is any injury/annoyance we need to currently work around.

Nutrition:

The purpose of this section is to help us identify if your nutritional habits are going to limit or support your strength and overall health.

1. How would you describe your relationship with food? (e.g. my body is a temple, I'm happy with my balanced approach, I treat my body like a dumpster)

2. On average, how many meals do you eat per day?

3. How much water do you drink per day? (answer in estimated cups or litres)

4. How many caffeinated beverages do you have per day?

5. Are you currently on any type of diet plan? (e.g. high protein, calorie reduced, keto, fasting...etc.)

6. Have you ever been on a calorie reduced diet? If 'Yes', describe:

7. Have you ever experienced body dysmorphia or disordered eating habits? If yes, and if you are comfortable sharing your experience, please do.

Wellness:

This section can get pretty personal and for some can be emotional. Please only answer what you are comfortable with. We ask these questions because mental health is an important pillar of overall health. Some of these questions are open ended and left to your own interpretation.

1. How do you typically feel about your life?
2. How do you feel about your body image?
3. How much sleep are you getting per night?
4. Do you frequently (daily/weekly) smoke or vape?
5. Do you frequently (daily/weekly) drink alcohol?
6. What are the two biggest stressors in your life?
7. Do you have a solid support system?

Physical Activity Readiness:

if you answer YES to any of the following questions a PARmed-X from your doctor will be required prior to training with us.

1. Has your doctor ever said that you have a heart condition or high blood pressure?
2. Do you have chest pain during rest, during daily activities, or during physical activity?

3. Do you lose balance because of dizziness or have you lost consciousness in the last 12 months? (Please answer **No** if your dizziness was associated with vigorous exercise.)

4. Have you ever been diagnosed with another chronic medical condition, other than heart disease or high blood pressure? Please explain.

5. Are you currently taking prescription medication for a chronic medical condition? Please list.

6. Do you currently have (or within the past 12 months have had) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? (Please answer **No** if you had a problem in the past but it does not limit your current ability to become more physically active.)

7. Has your doctor ever said that you should only do medically supervised physical activity?

Females Only:

1. Do you suffer from any menstrual dysfunction (physical or emotional)? Please explain.

2. Are you pregnant?

Signature: (type name)

Date: (month/day/year)

Emergency Contact Info:

Name:

Phone: