



Professional Athlete Nutrition Plan  
Starts from \$1500-\$3700 12 weeks

### Nutrition Questionnaire

This questionnaire is an important part of your nutrition consultation. Accurate completion of this form will ensure a more effective meal plan for your health and nutrition goals. These questions will help to identify your specific needs in order to formulate the most appropriate nutrition plan.

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Sex:        Female        Male

Height: \_\_\_\_\_ ' \_\_\_\_\_ "    Weight: \_\_\_\_\_ lbs

Ethnicity: (please circle)    African-American    Hispanic/Latino    Asian    Non-Hispanic/White    Other

Health Conditions: circle what CURRENTLY applies, if you had one of these conditions in the past specify how long ago.

- Anemia    Diabetes type 1 or 2    Cancer    Heart Disease    High Cholesterol    Hypoglycemia  
Heart Burn    Liver Disease    Kidney Disease    Pancreatic Disease    High Blood Pressure

Current Medications: (please list)

Current Supplements/Vitamins: (please list)

If you are not currently taking supplements would you be willing to?    Yes    No

Current Injuries:    Yes    No    If yes, please explain:

Past Surgeries:    Yes    No

Do you follow a diet currently based on an illness or disease?    Yes    No    If yes, please explain:

Do you smoke?    Yes    No    If yes, how much per day? \_\_\_\_\_

Have you ever been placed on any type of nutritional program in the past?    Yes    No    If yes, what were your results:

Do you participate in Martial Arts? Yes No If yes, how many times per week? \_\_\_\_\_ Session time? \_\_\_\_\_

Do you participate in any other sports/activities? Yes No If yes, which ones?  
\_\_\_\_\_

How many times per week? \_\_\_\_\_ How long is each session? \_\_\_\_\_

What are your goals: (please circle) Lose Weight Gain Weight/Muscle Improve Performance Other

If other, please explain: \_\_\_\_\_

Foods you do not like: (please list)

Please explain your current eating habits, include the types of food you eat/drink and what times you consume them:

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## INFORMED CONSENT FOR PARTICIPATION

I, \_\_\_\_\_, give my consent to participate in a nutrition program by Hyprofit Inc. with Darrick Bynum CPT. I recognize that exercise prescription and nutrition programs carry some health risk factors. I hereby certify that I know of no current medical problems that would increase my risk of illness and injury as a result of participation in a regular exercise program and nutrition plan designed by my Certified Personal Trainer. I understand this is a web based meal plan. I understand that a full medical evaluation is recommended to determine any medical restrictions before undertaking this program.

\_\_\_\_\_ I choose not to undergo a full medical evaluation at this time and assume full responsibility for my decision and my actions while participating in this program. Therefore, I waive the responsibility of Hyprofit Inc. if I should incur any injury as a result of my decision not to pursue the consent of my physician or as a result of my negligence.

The undersigned agrees that the nutrition prescription is based on information you have disclosed on current and past medical history. Darrick Bynum is a Certified Personal Trainer that is certified to prescribe meal plans, however any change in diet needs to be discussed with your physician. Services and programs by Hyprofit Inc. shall be undertaken at his or her sole risk and shall not be liable for any illness, injury, accident or death occurring to the undersigned, arising either directly or indirectly out of utilizing the services and programs, including actions of individuals, defective or any other structural defect resulting in damage to person. The undersigned, for himself or herself, does hereby expressly release, discharge, waive, relinquish and covenants not to take legal action against Hyprofit Inc. for all such claims, demands, injuries, damages or cause of actions with respect to use of the program and services. The undersigned further agrees not to hold Hyprofit Inc. responsible for any personal injuries sustained or injuries to the minor of the undersigned parent. The undersigned declares that they are physically able to participate in a meal plan prescription. Furthermore, the undersigned declares that Hyprofit Inc. has advised the undersigned to obtain a medical clearance in the event that he or she is unsure of their physical health and that the undersigned maintains that he or she is physically capable of pursuing physical activity without such steps being taken or has done so.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If under 18 years old parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# HYPROFIT

## RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, do acknowledge and agree that there are certain risks and dangers inherent in contact sports such as kids and adults mixed martial arts programs, personal training and all fitness classes.

I do agree and acknowledge that by participating in kids and adults mixed martial arts programs, personal training and all fitness classes that I am assuming the risks and injury because of the inherent dangers of the training.

I agree that I do not have any medical conditions and or disorders that would prevent me from participating in kids and adults mixed martial arts programs, personal training and all fitness classes.

Do you have any of the following? (please circle) Heart Attack Heart Disease Stroke

Abnormal EKG: Yes No

High Blood Pressure: Yes No

Other medical conditions: Yes No If yes, please describe: \_\_\_\_\_

By signing this document, I hereby release and hold harmless the instructors, \_\_\_\_\_ from any and all injuries that I may sustain while participating in this rigorous training. I further release Hyprofit Inc. and \_\_\_\_\_ from liability for any and all injuries or medical problems that may result as a consequence of my participation in mixed martial arts or fitness training.

### AUTHORIZATIONS and RELEASE:

Photograph, video and testimonial permission: I give permission for Hyprofit Inc. and Darrick Bynum to use any videos, pictures and written testimonials of achievement of me and or my child for future promotional purposes.

Participant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years old parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Go to:** [www.darrickbynum.com](http://www.darrickbynum.com)

Click – CHECK IN (Secure Server)

Step#1 Fill out the questionnaire

Step#2 Upload Pics

Step#3 Submit

**Send full body pics- Front – Side – Back**

**Females:**

Wear a sports bra and shorts that show your upper thighs. (light color spandex shorts recommended)

**Men:**

Topless with shorts that show your upper thigh

**\*\*when taking pictures make sure you have the proper lighting\*\***

No posing, arms should be at your sides except if you're doing your own pictures. (most phones have a timer on the camera, you can prop your phone against something and set the timer)

**Failure to send the correct pics will prolong the process and can take up to 60 days until you get a diet plan.**

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When filling out your questionnaire in the check-in process please don't leave anything blank if the question doesn't apply to you or you don't know the answer please put N/A.

This can be done on a desktop or mobile.

**Skype interview – Please send your pictures 24 hours before the interview.**