

CORPORATE TRAINING ENROLMENT FORM

Participant Details

Name: _____ Date of Birth: _____ Sex: _____

Home Address: _____ Post Code _____

Phone: (home) _____ (work) _____ (mobile) _____

E-mail: _____ Company: _____

Medical Details

Please tick if you have, or have had, any of the following medical conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> high cholesterol | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> hepatitis A or B | <input type="checkbox"/> diabetes | <input type="checkbox"/> hernia |
| <input type="checkbox"/> heart problems / murmur | <input type="checkbox"/> asthma | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> dizziness | <input type="checkbox"/> other serious illness or condition |

Details: _____

Please tick if you have, or have had, any joint, ligament, cartilage, tendon, muscle or bone injuries relating to:

- | | | | |
|-----------------------------------|-------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> ankle | <input type="checkbox"/> knee | <input type="checkbox"/> hip | <input type="checkbox"/> back |
| <input type="checkbox"/> shoulder | <input type="checkbox"/> neck | <input type="checkbox"/> elbow | <input type="checkbox"/> others |

Details: _____

Are you currently taking any medication kind?

Details: _____

Are you currently, or have you recently been, pregnant? _____

Please tick if you're interested in Personal Training Boot Camp Group Boxing Group Training

I advise that I do not suffer from any medical condition that may affect my ability to participate safely in group exercise. Relevant pre-existing medical conditions, injuries or illnesses are detailed above. I wish to participate in the exercise sessions provided by Fitness 4 U and voluntarily assume the risk of injury to myself.

I hereby release and indemnify Fitness 4 U and its principal, Ron Daniels, its employees and agents from all actions or claims for compensation arising from my participation, for personal injury or damage to property.

Participants Signature _____ **Date:** _____

Emergency Contact details

Name: _____ **Relationship:** _____ **Phone:** _____