

# GROUP TRAINING ENROLMENT FORM

## Participant Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
E-mail: \_\_\_\_\_ How did you hear about Fitness 4 U? \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Location: \_\_\_\_\_

## 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

**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 Corporate Group Training 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:** \_\_\_\_\_