

PERSONAL TRAINING ENROLMENT FORM

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: _____

Health & Fitness Goals (number in order of importance)

Get fit () Lose weight () Tone up () Get stronger () More energy () Build muscle ()

When do you want to achieve these goals? _____ How committed are you? _____

What exercises are you currently doing? _____

Medical Details

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

high blood pressure () epilepsy () high cholesterol () hepatitis () diabetes () asthma ()

heart problems/murmur () hernia () osteoporosis () arthritis () dizziness () other ()

Details _____

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

ankle () knee () hip () back () shoulder () neck () elbow () wrist () others ()

Details _____

Are you currently taking any medication of any kind? () Details _____

Are you currently, or have you recently been, pregnant? () Do you smoke? () av. per day ()

Do you have a doctor's clearance to exercise? () Doctor's Name: _____

I advise that I do not suffer from any medical condition that may affect my ability to participate in Personal Fitness Training provided by Fitness 4 U and voluntarily accept the risk of injury to myself. All relevant pre-existing medical conditions, injuries or illnesses are detailed above. I hereby release and indemnify Fitness 4 U, 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.

I understand that I am required to give 24 hours notice prior to cancelling any training session(s) otherwise I am liable for payment of any missed session(s).

Participants Signature _____ Date: _____

Emergency Contact details

Name: _____ Relationship: _____ Phone: _____