

## REGISTRATION FORM

Please circle your package:

Fit Camp:

Camden

Ingleburn

### PERSONAL DETAILS

Name ..... Date of Birth .....

Address ..... Suburb .....

Postcode ..... Phone (h) ..... (m) .....

Email .....

#### Emergency Contact

Name ..... Phone .....

### ABOUT YOU

Occupation: ..... Hours worked per week: .....

Do you own any exercise equipment: .....

What are your current leisure activities: .....

Current Weight: ..... How long at this weight: ..... Height: .....

### PREVIOUS TRAINING & CURRENT GOALS

Have you had a personal trainer before? .....

What did you like: .....

What did you dislike: .....

What do you want to achieve from your personal training sessions? .....

#### **Use the scale to rate the following:**

	Not important		Somewhat important		Extremely important
Improve cardiovascular fitness:	1	2	3	4	5
Body-fat weight loss:	1	2	3	4	5
Reshape or tone my body:	1	2	3	4	5
Build more muscle:	1	2	3	4	5
Improve flexibility:	1	2	3	4	5
Increase strength:	1	2	3	4	5
Increase energy level:	1	2	3	4	5
Improve performance for a specific sport:	1	2	3	4	5
Improve mood and ability to cope with stress:	1	2	3	4	5
Feel better/improved health:	1	2	3	4	5
Enjoyment:	1	2	3	4	5

Anything else I should know about you? .....

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## MEDICAL HISTORY

Has your Doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
Have you had an asthma attack requiring immediate medical attention at any time during the past 12 months?	Yes	No
If you have diabetes (Type I or Type II) have you ever had trouble controlling your blood glucose in the last 3 months?	Yes	No
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
Do you have any other medical conditions(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
Have you been told that you have high blood pressure?	Yes	No
Have you been told that you have high cholesterol?	Yes	No
Have you been told that you have high blood sugar?	Yes	No

Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Yes No

If currently smoking, how many per day or week .....

Do drink alcohol on a daily or weekly basis? Yes No

If yes, approximately how much per week .....

Are you currently taking any prescribed medication? Yes No

If yes, please provide details: .....

Are you pregnant or have you given birth in the last 12 months Yes No

If yes, how many months pregnant or post natal (circle) .....

Do you have any muscle, bone or join pain or soreness that is made worse by particular activity Yes No

If yes, please provide details .....

Any family history of:

Heart disease Yes No If yes: Relative ..... Age .....

Diabetes Yes No If yes: Relative ..... Age .....

Stroke Yes No If yes: Relative ..... Age .....

Anything other details I should know? .....

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## CONSENT

I, \_\_\_\_\_, give permission for the release of information/documentation to **MandaFit** of 9 Manchester Way Currans Hill (phone 0410 484 842) relating to any health issues which may impact on my ability to participate in a physical exercise program.

This authority extends to information which may be confidential, personal and sensitive by virtue of the *Privacy Act* and is valid for a period of 12 months.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## DISCLAIMER OF LIABILITY

I acknowledge that:

1. I warrant and represent that I have consulted with my physician prior to beginning any exercise program and have received approval to undertake same.
2. I agree that it is my responsibility to correctly use equipment, facilities and premises.
3. I am aware of the inherent risks of injury or ill health resulting from the use of the services and from participation in exercise generally.
4. In consideration of participation of activities offered by *MandaFit* or its associated parties, I agree to release and indemnify *MandaFit* and any company associated with *MandaFit*.
5. I agree to participate in all activities at my own risk and responsibility whether supervised or unsupervised by staff.
6. I agree to release and hold harmless *MandaFit* and any associated parties from and against all actions which may be brought by me or on my behalf in respect of any incident arising out of injury, loss, damage or death caused to me or my property in anyway what so ever.
7. I agree to bear all responsibility for all liabilities/damages arising from any injury, including without limitation bodily or mental injury, economic loss, or damage to another participant caused by the deliberate or negligent action of the participant him/herself.
8. If any claim is made by anyone based on injury, loss or damaged described herein which involves myself or my guests I agree to fully indemnify *MandaFit* against all claims and liabilities including legal fees.

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

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

# PERSONALTRAINER USE ONLY

## MEASUREMENTS

Date						
Body Weight						
Waist						
Hips						
Left thigh						
Right thigh						
Left calf						
Right calf						
Left bicep						
Right bicep						
Chest						
Body fat %						

## FITNESS ASSESSMENT

TEST	Initial:	Follow up:	Final:

Notes: \_\_\_\_\_

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