

PRE ACTIVITY QUESTIONNAIRE

First Name: _____ Surname: _____
 Address: _____
 Suburb: _____ Post Code: _____
 Home Phone: _____ Mobile: _____
 Email: _____
 DOB: _____
 Emergency contact: _____ Phone Number: _____

Please circle if any of the following medical conditions are relevant to you

Dizziness	Fainting	Stroke	Diabetes	Arthritis
Epilepsy	Glandular fever	Heart attack	Asthma	Chronic fatigue
Panic attacks	Kidney ailments	Heart condition	Low BP	MS
Sleeping disorders	Circulation problems	Pains in chest	High BP	Inflammation
Bone abnormalities	Blood clots	Heart murmur	Mental abnormalities	Infectious disease

Details: _____

We strongly recommend that before you undertake any activity on any premises, that you should first undergo a wide-ranging and complete physical examination from a registered medical practitioner, to ensure that you are fit and able to commence your exercise program. You should advise your medical practitioner that the exercise program includes weightlifting, circuit training, aerobic and anaerobic exercise over prolonged periods of time.

Do you have any current or pre-existing injuries that may restrict you in any way? If yes please give details: _____

Are you currently taking prescribed medication? If yes please give details: _____

Have you been hospitalised in the past 12 months? If yes please give details: _____

Do you have any joint injuries? If yes please give details: _____

Do you have soft tissue injuries (sprains, tears, etc)? If yes please give details: _____

Are there any other conditions you have, which may affect your activity program? If yes please give details: _____

Please give details outlining your exercise history: activities, time frame, problems etc. _____

PRIVACY STATEMENT AND ACKNOWLEDGEMENT

Please note: In this privacy statement and acknowledgment you acknowledge that you will in completing this acknowledgment, disclose to me, Kyle Wood, information about you including information in relation to your health. I agree that in dealing with this information, I will deal with that information in accordance with the privacy principles set out below and with the Privacy Act 1988.

TERMS AND CONDITIONS

By signing this document, I acknowledge that engaging in physical activity may lead to serious or disabling injury, even death. I understand that all activities in any exercise program are optional, and I may stop at any time. I release Kyle Wood and Garry Robinson from any liability for any injury which I may suffer whilst participating in any activities howsoever otherwise caused. I have been advised and warned to obtain a wide-ranging and complete physical examination by a registered medical practitioner to confirm that I am fit and able to engage in all of the activities conducted on these premises. I acknowledge that I have read and understood all of the terms and conditions of this agreement prior to me signing the agreement and that the information it contains is true and correct.

I assume with full knowledge the dangers in my participation in fitness activities and do so at my own risk.

Where the applicant is a minor, this application and agreement must be signed by the minor and his or her guardian, who warrants and agrees by signing this agreement that he or she is authorized to enter into this agreement on behalf of the minor and remains responsible for the minor of all the terms and conditions set out herein, and indemnifies, the personal trainer from any claim by the minor.

Signature: _____

Date: _____