

ENROLMENT FORM

Personal Information

Title:	First Name:	Surname:
Date of Birth:		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Postal Address:		Postcode:
Phone	H:	W: M:
Fax:		Email:
Preferred method of contact: <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Emergency Contact	Name:	Relationship: Phone:
<input type="checkbox"/> I do wish to receive email updates from us on any upcoming events, course information or other marketing or promotional material.		

Statistical Information

How did you hear about us?
What is your main fitness goal?
Why do you want to achieve this goal?
Are you willing to commit to this goal?

Medical Information (insert ✓tick where applicable)

Are you presently exercising? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES:	If NO:		
What type of exercise?	Have you done structured exercise in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often?	If YES, what was the frequency (per week)?		
How long have you done this for?	When did you stop?		
Have you been consistent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why did you stop?		
<p>The course involves activities that require a basic level of fitness. Are there any known reasons such as an illness, disability, impairment or otherwise, which may impact, limit or influence your ability to participate in the activities, including (but not limited) any one or more of the following (Please tick and describe in the space provided)?</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of Heart Disease <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Pain or tightness in the chest <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Liver/kidney conditions <input type="checkbox"/> Regular Headaches <input type="checkbox"/> Any Major Injuries </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A Hernia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Muscular Pain/Cramps <input type="checkbox"/> Back Pain <input type="checkbox"/> Chronic Cough <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Are there any other factors that may limit your activity? Please describe: If male, Are you over 35 years and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If female, Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over 45 and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of Heart Disease <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Pain or tightness in the chest <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Liver/kidney conditions <input type="checkbox"/> Regular Headaches <input type="checkbox"/> Any Major Injuries	<input type="checkbox"/> A Hernia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Muscular Pain/Cramps <input type="checkbox"/> Back Pain <input type="checkbox"/> Chronic Cough <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Are there any other factors that may limit your activity? Please describe: If male, Are you over 35 years and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If female, Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over 45 and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Course Enrolment Information (insert ✓tick where applicable)

Do you require bag mitts?	<input type="checkbox"/> Yes, I require them. <input type="checkbox"/> No, I already have them.
Do you require a training shirt?	<input type="checkbox"/> Yes, I require one. <input type="checkbox"/> No, I already have one.

Terms & Conditions:

- Participants must submit all forms & payment 7 days prior to commencement of course.
- All participants must follow all rules & regulations as per Group or PT Exercise Policy
- Participants must complete a Pre-Exercise screen before participating in any exercise.
- All participants must be dressed appropriately at all times. This includes footwear. Thongs or sandals of any description will not be permitted for safety reasons.
- Participants are not guaranteed a place in the group exercise classes, as numbers are limited for safety reasons.
- Participants are advised to arrive 10 minutes before the commencement of the class.
- Payment is refundable if cancelling within 7 days of course commencing.
- As a courtesy to other participants, body deodorant must always be used as you may be training in pairs.
- Training towels & water must always be brought to your session.

AGREEMENT

I agree that the information provided by me is true and correct to the best of my knowledge. Should my health status or if I experience unusual pain or physical discomfort during my exercise I will decrease or stop exercising and inform the instructor of Quick Start of these changes and symptoms. I am aware that personal health / accident insurance is my responsibility . I claim that I do not have any medical / physical disability that will preclude my safe participation in this training.

TRAINER RESPONSIBILITIES

- Will perform as a personal trainer: ie. Fitness assessment, exercise programming, instructions
- Will maintain a log book of all training sessions and exercises
- Will maintain current general liability insurance policy
- Will client at least 24 hours notice of any necessary changes to schedule or times and will re-schedule missed sessions
- Will stay current with applicable professional certificates
- Will arrive on time at scheduled sessions and provide an un-interrupted workout

CLIENT RESPONSIBILITIES

- Has and will accurately and honestly completed their health history
- Will promptly inform trainer of any change in medical condition or new injury
- Agree to allow the trainer to contact the clients physician or doctor when necessary
- Will give the trainer 24 hours notice to reschedule any appointment. If 24 hours is not given, session will not be rescheduled and that fee non refundable.
- Will maintain communication with the trainer, a lapse of more than 7 days will result in lost time slot.
- Rescheduling a session will be accommodated on a first come first served basis.
- Will comply with advanced screening and payment policies as set forth.
- Will be ready to train when the trainer arrives and give the trainer an un-interrupted attention.
- If the client is running late into their session, this time will be deducted from the 30-60 minute training session. If the client is more than 20 minutes late, it will be considered a no show and the client will be charged for the session without participating.
- Has obtain medical clearances from their medical practitioners

SCHEDULING & FEES

- Training fee are paid in advance. Fees are non-refundable unless of catastrophic injury or illness.
- Once training is scheduled both client & trainer are held liable for those time slots.
- If training is continued beyond the initial 4 weeks, the new session must be booked prior to the 'last appointment'. At that time another 4 week session will be reserved for client. Fees are due on first appointment of each 4 week session.
- Fees: Fitness Assessment—No Charge
- Fees subject to change with 60 days notice

SIGNATURES

Signature of the Client: _____ Dated: _____

Signature of the Trainer: _____ Dated: _____